

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084899

1. Entity Name

CONCORDE MIRAMAR, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90043 034 ***150.00

Principal Place of Business

Mailing Address

~~11015 N. DALE MABRY HWY.~~
~~TAMPA FL 33618~~

~~11015 N. DALE MABRY HWY.~~
~~TAMPA FL 33618-0001~~

2. Principal Place of Business

13014 N. DALE MABRY HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 356

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number 59-3474988

Applied For

Not Applicable

Zip

33618

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, THOMAS J
11015 N. DALE MABRY HWY.
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RAPPAPORT, A.G.
STREET ADDRESS ~~11015 N. DALE MABRY HWY.~~
CITY-ST-ZIP TAMPA FL 33618

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 13014 N. DALE MABRY HWY-SUITE 356
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME AUGER, ALBERT R
STREET ADDRESS ~~103 COUNTRYWIDE DR.~~
CITY-ST-ZIP ~~LONGWOOD FL 32777~~

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 183 NEW GATE LOOP
CITY-ST-ZIP HEATHROW, FL 32746

TITLE DP ☐ Delete
NAME SCHWENCKE, KIM M
STREET ADDRESS ~~11015 N. DALE MABRY HWY.~~
CITY-ST-ZIP TAMPA FL 33618

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 13014 N. DALE MABRY HWY-SUITE 356
CITY-ST-ZIP

TITLE DVT ☐ Delete
NAME MURPHY, THOMAS J
STREET ADDRESS 11015 N. DALE MABRY HWY.
CITY-ST-ZIP TAMPA FL 33618

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SV ☐ Delete
NAME CHANDLER, KEVIN A
STREET ADDRESS ~~3803 W TACON ST~~
CITY-ST-ZIP TAMPA FL 33629

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS 10412 LA MIRAGE COURT
CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00

813 269-0859

CR05034 (0/000)