

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90024 044 ***150.00

DOCUMENT # P98000012501

1. Entity Name
CONCORDE NORTH PALMS, INC.

Principal Place of Business 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618	Mailing Address 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618
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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
Zip 33618	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3499216	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MURPHY, THOMAS J 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618	7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	RAPPAPORT, A G 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13014 N. DALE MABRY HWY - SUITE 356
TITLE DP <input type="checkbox"/> Delete	SCHWENCKE, KIM M 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13014 N. DALE MABRY HWY - SUITE 356
TITLE DV <input type="checkbox"/> Delete	AUGER, ALBERT R JR 105 COUNTRYWIDE DRIVE LONGWOOD FL 32777	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	183 NEW GATE LOOP HEATHROW, FL 32746
TITLE DVT <input type="checkbox"/> Delete	MURPHY, THOMAS J 11015 NORTH DALE MABRY HIGHWAY TAMPA FL 33618	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS <input type="checkbox"/> Delete	CHANDLER, KEVIN A 11015 N DALE MABRY HWY TAMPA FL 33618	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	13014 N. DALE MABRY HWY - SUITE 356
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 Thomas J. Murphy DATE 4-15-00 DAYTIME PHONE # 813-269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)