

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91068 025 ***150.00

0464894 AV

DOCUMENT # P98000012501

1. Entity Name
CONCORDE NORTH PALMS, INC.



Principal Place of Business
13014 NORTH DALE MABRY HIGHWAY
STE 356
TAMPA FL 33618

Mailing Address
13014 NORTH DALE MABRY HIGHWAY
STE 356
TAMPA FL 33618

41004376



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3499216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWENCKE, KIM M
13907 CARROLLWOOD VILLAGE RUN
TAMPA FL 33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **RAPPAPORT, A G**
STREET ADDRESS **13014 N. DALE MABRY HWY -STE 356**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **DP** ☐ Delete
NAME **SCHWENCKE, KIM M**
STREET ADDRESS **13014 N. DALE MABRY HWY -STE 356**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **DV** ☐ Delete
NAME **AUGER, ALBERT R JR**
STREET ADDRESS **183 NEW GATE LOOP**
CITY-ST-ZIP **HEATHROW FL 32746**

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

TITLE **DVT** ☒ Delete
NAME **MURPHY, THOMAS J**
STREET ADDRESS **11015 NORTH DALE MABRY HIGHWAY**
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **VS** ☒ Delete
NAME **CHANDLER, KEVIN A**
STREET ADDRESS **1264 S MILWAUKEE STREET**
CITY-ST-ZIP **DENVER CO 80210**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

813-264-0849

Date

Daytime Phone #

CR2E034 (10/02)