

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003197

1. Entity Name

CHAMPION SCHOOLS, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90088 009 ****70.00

Principal Place of Business	Mailing Address
1052 MONTGOMERY RD., SUITE 142 ALTAMONTE SPRINGS FL 32714 US	1052 MONTGOMERY RD., SUITE 142 ALTAMONTE SPRINGS FL 32714-7420 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-3463543	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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FALCO, VICKI 621 N LONGVIEW PLACE LONGWOOD FL 32779	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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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 617, 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 [Signature] 1-15-2000 407 869-1723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #