

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 206693

1. Entity Name

CHAMPAIGN, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90086 001 ***150.00

Principal Place of Business Mailing Address
% BROADVIEW PARK WATER CO.
1955 S.W. 50 AVENUE
FT.LAUDERDALE FL 33317 % BROADVIEW PARK WATER CO.
1955 S.W. 50 AVENUE
FT.LAUDERDALE FL 33317-6122

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6059122 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWAB, MICHAEL H.
1955 S.W. 50 AVE.
FT.LAUDERDALE FL 33317

7. Name and Address of New Registered Agent

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 _____ 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. (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	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONNER, EDWARD			NAME			
STREET ADDRESS	3555 S OCEAN BLVD PH#14			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHAEL, I			NAME			
STREET ADDRESS	3400 S OCEAN BLVD #3F			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 00000			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHAEL, HENRIETTA			NAME			
STREET ADDRESS	3400 S OCEAN BLVD #3F			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 00000			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWAB, MICHAEL H			NAME			
STREET ADDRESS	1955 SW 50 AVE			STREET ADDRESS			
CITY-ST-ZIP	FT.LAUDERDALE FL 33317			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-00 (954) 583-4223

MICHAEL SCHWAB

CR2E034 (9/99)