2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710279

1. Entity Name

CHRISTOPHER CLUB, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

				02-05-2000) 900 3 2 024 ****61.23)
Principal Place of Business	Mailing	Address				
1515 RIDGEWOOD AVE HOLLYHILL FL 32117 US		1515 RIDGEWOOD AVE HOLLYHILL FL 32117-2219 US		E 148111 (4881: 1187) 4870	810477	7 1 110) 120) 1 30
2. Principal Place of Business	3. Mailin	g Address				
Suite, Apt. #, etc.	Suite,	Suite, Apt. #, etc.		DO NO	OT WRITE IN THIS SPACE	
City & State	City &	City & State		4. FEI Number 23-706	8143	Applied For
Zip Cou	intry Zip		Country	5. Certificate of Status De	\$2.75	Additional
6. Name and Ad	dress of Current Registered	Agent	· ~ ·	7. Name and Address of	New Registered Agent	
	· · · · · · · · · · · · · · · · · · ·		Name			
RICHFORD, LEONARD			Street Address (P.O. Box Number is Not Acceptable)			
147 MICHIGAN AVE DAYTONA BEACH FL 32114			City		E ↓ Zip C	
			Oity		FL Zip C	
8. The above named entity submits	s this statement for the purpos	e of changing its reg	istered office or	registered agent, or both, in the star	te of Florida.	
	0					
SIGNATURE STATE	Kalber	1	LEONAR	D RICHFORD	1/26/00	
Signature, typed or printed n	ame of egistered agent and title if applic	Na Viet TONOTE Re	gistered Agent signatura	re required when reinstating)	DATE	
· · · · · · · · · · · · · · · · · · ·	The state of the s		<u>可能是關係</u>			
FILE NOW:		lection Campaign Fir	nancing	\$5.00 May Be	Make Check Payable	to
FEE IS \$61.25	The state of the s	ust Fund Contributio	心學所口之	Added to Fees	Department of Stat	е
10			<u> </u>	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	2 INI 10
——————————————————————————————————————	FFICERS AND DIRECTORS	☐ Delete	11.	ADDITIONS/CHANGES TO	Chang	
NAME RICHFORD, LEON	MARD	☐ Delete	NAME		onang	to 🗆 Additio
STREET ADDRESS 147 MICHIGAN A			STREET ADDRESS			
CITY-ST-ZIP DAYTONA BEACH			CITY-ST-ZIP			
TITLE SD		☐ Delete	TITLE		☐ Chang	ge Additio
NAME BURGHARDT, STA	ANLEY		NAME			
STREET ADDRESS 421 SAND CREEK			STREET ADDRESS	•		
CITY-ST-ZIP ORMOND BEACH	FL 32174-4878		CITY-ST-ZIP			
TITLE	OFFILE A	Delete	TITLE	ORRIS, MICHA 6 MALAYAN SUN	4 EL Chang	ge 🗌 Additio
NAME GREELUNAS, JOS STREET ADDRESS PO ROX 2105	DEPH A		NAME STREET ADDRESS	6 MALAYAN SUN	BEAR PATH	
STREET ADDRESS PO BOX 2105 CITY-ST-ZIP ORMOND BCH FL	22175-2105		CITY-ST-ZIP	ORMOND BEAC	H, FL 32174	,
TITLE VD	. 321/3-2103	☐ Delete	TITLE	<u> </u>	Chang	
NAME KASPER, ANDREV	N J	C Delete	NAME			
STREET ADDRESS 1817 HOPE DR	•		STREET ADDRESS			
CITY-ST-ZIP ORMOND BEACH	FL 32174		CITY-ST-ZIP			
TITLE D		☐ Delete	TITLE		Chang	ge 🔲 Additio
NAME LESCH, GREGOR		i	NAME -			
STREET ADDRESS 305 GATEWOOD			STREET ADDRESS			
CITY-ST-ZIP ORMOND BEACH	FL 321/4-4881		CITY-ST-ZIP			
NAME DATES WILLIAM	AM 1	☐ Delete	TITLE NAME		Chang	ge Additio
NAME MARONEY, WILLIA STREET ADDRESS 93 GOLF VIEW LY						
	4		3 REEL AUUNESS	· · · · ·		
CITY-ST-ZIP ORMOND BEACH			STREET ADDRESS CITY-ST-ZIP	· •		

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR SIGNATURE