

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90041 005 ****61.25

DOCUMENT # 710279

1. Entity Name

CHRISTOPHER CLUB, INC.

Principal Place of Business

**1515 RIDGEWOOD AVE
 HOLLYHILL FL 32117
 US**

Mailing Address

**1515 RIDGEWOOD AVE
 HOLLYHILL FL 32117
 US**

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

23-7068143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHFORD, LEONARD
 147 MICHIGAN AVE
 DAYTONA BEACH FL 32114**

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. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **RICHFORD, LEONARD**
 STREET ADDRESS **147 MICHIGAN AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

TITLE **SD** ☒ Delete
 NAME **BURGHARDT, STANLEY**
 STREET ADDRESS **421 SAND CREEK LANE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174-4878**

TITLE ☐ Change ☒ Addition
 NAME **Fid. Sect.**
 STREET ADDRESS **Walsh, John P.**
 CITY-ST-ZIP **36 Ormond Ave Shores Dr**
ORMOND Bch, FL 32176

TITLE **TD** ☐ Delete
 NAME **ORRIS, MICHAEL**
 STREET ADDRESS **6 MALAYAN DUN BEAR PATH**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **D** ☐ Delete
 NAME **LESCH, GREGORY M**
 STREET ADDRESS **305 GATEWOOD CT**
 CITY-ST-ZIP **ORMOND BEACH FL 32174-4881**

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

TITLE **D** ☐ Delete
 NAME **MARONEY, WILLIAM J**
 STREET ADDRESS **93 GOLF VIEW LN**
 CITY-ST-ZIP **ORMOND BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone #

CR2E037 (9/01)