

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-10-2003 90120 033 ****61.25

2/1

DOCUMENT # 710279

1. Entity Name
CHRISTOPHER CLUB, INC.



Principal Place of Business

~~1610 RIDGEWOOD AVE~~
~~DAYTONA BEACH FL 32114~~
US

Mailing Address

~~1610 RIDGEWOOD AVE~~
~~DAYTONA BEACH FL 32114~~
US

2. Principal Place of Business

3. Mailing Address

36 Ormond Shores Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Ormond Beach, FL

Zip

Country

Zip

Country

32176

Vol

4. FEI Number **23-7068143**

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

RICHFORD, LEONARD
147 MICHIGAN AVE
DAYTONA BEACH FL 32114

Name *John P. Walsh*

Street Address (P.O. Box Number is Not Acceptable)
36 Ormond Shores Dr.

Ormond Beach

City

FL

Zip Code
32176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

20 Feb 03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHFORD, LEONARD 147 MICHIGAN AVE DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALSH, JOHN P. 421 SAND CREEK LANE ORMOND BEACH FL 32174-4878	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORRIS, MICHAEL 6 MALAYAN DUN BEAR PATH ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESCH, GREGORY M 305 GATEWOOD CT ORMOND BEACH FL 32174-4881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARONEY, WILLIAM J 93 GOLF VIEW LN ORMOND BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Walsh, John P.</i> <i>36 Ormond Shores Dr.</i> <i>Ormond Beach, FL 32176</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 system-generated 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:

John P. Walsh
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 Feb 03

386 677 1838

CR2E037 (10/02)