

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31206**

1. Entity Name

**CHAMPIONS GREEN, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:22

Principal Place of Business

9240 BONITA BEACH RD. SUITE 1117  
BONITA SPRINGS FL 34135

Mailing Address

9240 BONITA BEACH RD. SUITE 1117  
BONITA SPRINGS FL 34135-4250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-2093657**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REINERT, KIRT**

**9240 BONITA BEACH RD, SUITE 1117  
BONITA SPRINGS FL 34135**

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 *X*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$472,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **S81873**  
NAME **CHAMPIONS GREEN DEV. COMPANY**  
STREET ADDRESS **9240 BONITA BEACH RD, SUITE 1117**  
CITY - ST - ZIP **BONITA SPRINGS FL 34135**

STREET ADDRESS

CITY - ST - ZIP

*2/3/00*

DOCUMENT #  
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CITY - ST - ZIP

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\*14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8-74-00**

Date

**941 947 9353**

Daytime Phone #

CR: 2003 (9/98)