

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008672 AF

DOCUMENT # A93000001425

1. Entity Name

CHAMPION COMMUNICATIONS, LTD.

Principal Place of Business

1801 SOUTH FEDERAL HIGHWAY, SUITE 300  
DELRAY BEACH FL 33483

Mailing Address

1801 SOUTH FEDERAL HIGHWAY, SUITE 300  
DELRAY BEACH FL 33483

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0456522

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHAMPION COMMUNICATIONS INC.  
1801 SOUTH FEDERAL HIGHWAY, SUITE 300  
DELRAY BEACH FL 33483

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record.

\$1,000.00

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 # V73487  
NAME CHAMPION COMMUNICATIONS INC.  
STREET ADDRESS 1801 SOUTH FEDERAL HIGHWAY, SUITE 300  
CITY-ST-ZIP DELRAY BEACH FL 33483

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/26/01

561-272-5267

CR2E003 (11/00)