

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004978

1. Entity Name

CHAMPION CONSOLIDATED MANAGEMENT COMPANIES, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91566 009 ***150.00

Principal Place of Business

501 BRICKELL KEY DRIVE, SUITE 506
MIAMI FL 33131

Mailing Address

501 BRICKELL KEY DRIVE, SUITE 506
MIAMI FL 33131

768192



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 06-1587725

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WALTON, ODELLA ☒ Delete
STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 506
CITY-ST-ZIP MIAMI FL 33131

TITLE CEO, C D
NAME Saile, Peter ☒ Change ☐ Addition
STREET ADDRESS 501 Brickell Key Dr, Suite 506
CITY-ST-ZIP Miami FL 33131

TITLE V
NAME SCHIFFHELM, JESKO ☐ Delete
STREET ADDRESS NURNBERGER STR. 8
CITY-ST-ZIP D-10787 BERLIN, GERMANY

TITLE COO
NAME Walton, Odella ☒ Change ☐ Addition
STREET ADDRESS 501 Brickell Key Dr. Suite 506
CITY-ST-ZIP Miami FL 33131

TITLE STD
NAME WEAVER, ANTHONY M ☐ Delete
STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 506
CITY-ST-ZIP MIAMI FL 33131

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

TITLE CD
NAME SAILE, PETER ☒ Delete
STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 506
CITY-ST-ZIP MIAMI FL 33131

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

TITLE D
NAME HEGGLIN, H. PETER ☒ Delete
STREET ADDRESS POSTFACH 2227
CITY-ST-ZIP CH-6342 BARR 2, SWITZERLAND FL 33131

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony M. Weaver Secretary ANTHONY M. Weaver

5/1/01 (305)379-0034

Date

Daytime Phone #

CR2E034 (10/00)