

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003667

1. Entity Name

CHAMPION HOLDINGS, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90063 008 \*\*\*150.00

Principal Place of Business	Mailing Address
1815 HIGHWAY 201 SOUTH SPUR #1 MOUNTAIN HOME AR 72653	1815 HIGHWAY 201 SOUTH SPUR #1 MOUNTAIN HOME AR 72653-9678

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	43-1428170	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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. 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, 2000 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	
TITLE	PDT <input checked="" type="checkbox"/> Delete
NAME	PORTHOUSE, J. DAVID
STREET ADDRESS	1815 HIGHWAY 201 SOUTH SPUR #1
CITY-ST-ZIP	MOUNTAIN HOME AR 72653
TITLE	SD <input type="checkbox"/> Delete
NAME	KAPLAN, PHILIP G
STREET ADDRESS	168 N. MERAMEC AVENUE, SUITE 400
CITY-ST-ZIP	ST. LOUIS MO 63105
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	PIERCE, TRACIE STORY
STREET ADDRESS	1815 HIGHWAY 201 SOUTH SPUR #1
CITY-ST-ZIP	MOUNTAIN HOME AR 72653
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David R. Porthouse
STREET ADDRESS	128 Ridgecrest Dr.
CITY-ST-ZIP	Chesterfield, MO 63017
TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Corbett
STREET ADDRESS	1815 Highway 201 South Spur #1
CITY-ST-ZIP	Mountain Home, AR 72653
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: John W. Corbett JOHN W. CORBETT 1-14-2000 870-425-8188  
TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)