

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007673

1. Entity Name

CHAMPIONS GREEN, L.L.C.

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-07-2002 90340 001 ***200.00

Principal Place of Business

9240 BONITA BEACH ROAD, SUITE 1117
BONITA SPRINGS FL 34135

Mailing Address

9240 BONITA BEACH ROAD, SUITE 1117
BONITA SPRINGS FL 34135

94200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27299 Riverview Center Blvd.

Suite, Apt. #, etc.

Suite #102

City & State
Bonita Springs, FL

Zip

34134

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0244548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WENWIESER, DIETER

9240 BONITA BEACH ROAD, SUITE 1117
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Wenwieser, Dieter

Street Address (P.O. Box Number is Not Acceptable)

27299 Riverview Center Blvd #102

Suite #102

City

Bonita Springs, FL 34134

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

D. Wenwieser

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WENWIESER, DIETER
STREET ADDRESS 9240 BONITA BEACH ROAD, SUITE 1117
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME WENWIESER, DIETER
STREET ADDRESS 27299 Driftwood Drive
CITY-ST-ZIP Bonita Springs, FL 34134 ☒ Change ☐ Addition

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

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

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

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

D. Wenwieser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

17. Apr. 2002

941 947 9355

Day

Daytime Phone #

CR2E083 (9/01)