

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90004 021 \*\*\*\*\*50.00

**DOCUMENT # L00000007673**

1. Entity Name

**CHAMPIONS GREEN, L.L.C.**



Principal Place of Business

**27299 RIVerview CENTER BLVD  
SUITE #102  
BONITA SPRINGS FL 34134**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**27299 Riverview Center Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #102**

City & State

City & State

**Bonita Springs, FL**

Zip

Country

Zip

Country

**34134**

**US**

4. FEI Number **65-0244548**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WERWIESER, DIETER 27299 RIVerview CENTER  
9240 BONITA BEACH ROAD, SUITE 1117  
SUITE #102  
BONITA SPRINGS FL 34134**

Name

**Dieter Wenwieser**

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

**27299 Riverview Center Blvd #102**

City

**Bonita SPrings**

**FL**

Zip Code

**34134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**MARCH 12, 2003**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **WENWIESER, DIETER**  
STREET ADDRESS **27299 DRIFTWOOD DRIVE**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **MGR** ☐ Change ☐ Addition  
NAME **Dieter Wenwieser** **Correction**  
STREET ADDRESS **27299 Riverview Center Blvd. #102**  
CITY-ST-ZIP **Bonita Springs, FL 34134** ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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:

*Dieter Wenwieser*

**MARCH 12, 2003**

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

Date

Daytime Phone #

CR2E083 (10/02)