

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90583 047 ****50.00

0001088

DOCUMENT # L02000011151

1. Entity Name

CHAMPS/PALM COAST, L.L.C.



Principal Place of Business

C/O LEROY W. PAUL
7 CLARK LANE
PALM COAST FL 32137

Mailing Address

C/O LEROY W. PAUL
7 CLARK LANE
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

732 Queens Harbour Blvd. 732 Queens Harbour Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Country

Zip

Country

32225

USA

32225

USA

4. FEI Number

Applied For

47-0866355

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOOERS, DONALD L
732 QUEENS HARBOUR BLVD
JACKSONVILLE FL 32225

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

SIGNATURE

Alfred Moore

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

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 MGRM
NAME PAUL, LEROY W
STREET ADDRESS 7 CLARK LANE
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

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

TITLE MGRM
NAME DRAPEAU, JOSEPH W
STREET ADDRESS 728 CAPTAINS DRIVE
CITY-ST-ZIP ST AUGUSTINE FL 32080-6171 ☒ Delete

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

TITLE MGRM
NAME MOOERS, DONALD L
STREET ADDRESS 723 QUEENS HARBOUR BLVD
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

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

Alfred Moore

4-29-03 904-993-6172

Date

Daytime Phone #

CR2E083 (10/02)