

2000 UNIFORM BUSINESS REPORT (UBR)

0000662 AF

DOCUMENT # L98000000095

1. Entity Name
SALFI CHAMPIONSHIP GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 3:13

Principal Place of Business

8250 S. HWY. 17-92
FERN PARK FL 32730

Mailing Address

1850 BARTON STREET
LONGWOOD FL 32750-6706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FERN PARK

4. FEI Number

59-3491931 APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

32730 Seminole

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

SALFI, JOE
1850 BARTON STREET
LONGWOOD FL 32750

Name

Joe SALFI

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

200 St. Andrews Blvd. #1907

City

Winter Park

FL

Zip Code

32792

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. JOSEPH SALFI

2-10-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9.

MANAGING MEMBERS / MEMBERS

TITLE MGRM
NAME SALFI, D. JOSEPH
STREET ADDRESS 1850 BARTON STREET
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE MGRM
NAME SALFI, DON
STREET ADDRESS 1850 BARTON STREET
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10.

ADDITIONS / CHANGES

TITLE MGRM
NAME JOE SALFI
STREET ADDRESS 200 St. Andrews Blvd. #1907
CITY-ST-ZIP Winter Park, FL 32792

☒ Change ☐ Addition

TITLE
NAME
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400003148264--5

-02/25/00--01097--004

***\$50.00 ☒ 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 OR MANAGER

Date

Daytime Phone #

D. JOSEPH SALFI 2-10-00 407-331-6211

CR2E083 (9/99)