

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M23801

1. Entity Name

CHAMPS SPORTING GOODS OF ESPLANADE, INC.

Principal Place of Business

233 BROADWAY
NEW YORK NY 10279
US

Mailing Address

233 BROADWAY
ATTN: M. CLARK
NEW YORK NY 10279

2. Principal Place of Business

3543 Simpson Ferry Rd

Suite, Apt. #, etc.

3. Mailing Address

3543 Simpson Ferry Rd

Suite, Apt. #, etc.

City & State

Comp Hill Pa

Zip

17011

Country

USA

City & State

Comp Hill Pa

Zip

17011

Country

USA

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

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

(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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HILBERT, DALE
233 BROADWAY
NEW YORK NY 10279

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
MINA, RICK
233 BROADWAY
NEW YORK NY 10279

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
CANNON, JOHN
233 BROADWAY
NEW YORK NY 10279

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CLARKE, SHEILAGH
233 BROADWAY
NEW YORK NY 10279

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90029 009 ***150.00

00000419



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2570188

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)