

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91568 045 ****61.25

DOCUMENT # N00000001180

1. Entity Name

FLORIDA CHAMPIONSHIP SERIES, INC.

767306



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**414 NORWOOD CT.
 FT. MYERS FL 33919**

**414 NORWOOD CT.
 FT. MYERS FL 33919**

2. Principal Place of Business

6413 101st Avenue
 Suite, Apt. #, etc.

3. Mailing Address

6413 101 Avenue
 Suite, Apt. #, etc.

City & State

Pinellas Park FL

City & State

Pinellas Park FL

4. FEI Number

593631841

Applied For

Not Applicable

Zip

33782

Country

USA

Zip

33782

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PERKINS, JED ALAN
 414 NORWOOD CT.
 FT. MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

Scott Anderson

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

18190 Riverwind Drive

City

Alva

FL

Zip Code

33920

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]

5/8/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **LARSON, PAM**
 STREET ADDRESS **6413 - 101ST AVE. NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **SD** ☒ Delete
 NAME **PERKINS, JED ALAN**
 STREET ADDRESS **414 NORWOOD CT.**
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **TD** ☐ Delete
 NAME **SLENTZ, JULIE**
 STREET ADDRESS **2808 - 36TH AVE. WEST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SD** ☒ Change ☒ Addition
 NAME **Scott Andersen**
 STREET ADDRESS **18190 Riverwind Drive**
 CITY-ST-ZIP **Alva FL 33920**

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**

4/23/01

727 573-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)