

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90154 035 \*\*\*\*61.25

**DOCUMENT # N02000000556**

1. Entity Name

**YOUNG CHAMPIONS USA, INC.**



Principal Place of Business

**4345 SOUTHPOINT BLVD. STE 100  
JACKSONVILLE FL 32216**

Mailing Address

**4345 SOUTHPOINT BLVD. STE 100  
JACKSONVILLE FL 32216**

2. Principal Place of Business

**4887 Belfort Rd.  
Suite 201**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

City & State

Zip

**32256**

Country

**USA**

Zip

Country

4. FEI Number

**03-0378081**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GUNN, MARSHALL D JR.  
4345 SOUTHPOINT BLVD, STE 100  
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

**4887 Belfort Road**

**Suite 201**

**JACKSONVILLE**

**FL**

**32256**

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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FANNIN, MELVIN F JR.</b> <b>2000 CORPORATE SQUARE BLVD</b> <b>JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUNN, MARSHALL D JR.</b> <b>4345 SOUTHPOINT BLVD, STE 100</b> <b>JACKSONVILLE FL 32216</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4887 Belfort Road Suite 201</b> <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAYSINGER, DAVID F JR.</b> <b>11841 HIDDEN HILLS DR</b> <b>JACKSONVILLE FL 32225</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**DAVID F PAYSINGER**

**1/14/03**

**904-296-2024**

CR2E037 (10/02)