

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90276 025 ****70.00

DOCUMENT # N38303

1. Entity Name

CHAMPION EMPLOYEE RECREATION ASSOCIATION INC.

Principal Place of Business

Mailing Address

**375 MUSCOGEE ROAD
 CANTONMENT FL 32533**

**3810 FLINTWOOD ROAD
 PENSACOLA FL 32504-9409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0838852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSS, RICHARD
 3810 FLINTWOOD ROAD
 PENSACOLA FL 32504**

Name
Danny Eller

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

City
Molino

FL

Zip Code
32577

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4-27-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CROSS, RICHARD	
STREET ADDRESS	3810 FLINTWOOD ROAD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELLER, DANNY	
STREET ADDRESS	100 DAFFIN RD	
CITY-ST-ZIP	MOLINO FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KING, TERESA M	
STREET ADDRESS	541 TEMPLEHILL DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRAYTON, DAVID N	
STREET ADDRESS	25 RIDGEVIEW CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITAKER, JOANN W	
STREET ADDRESS	10611 TARA DAWN DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMINE, SUSAN	
STREET ADDRESS	3121 S PINE BARREN RD	
CITY-ST-ZIP	MCDavid FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eller, Danny	
STREET ADDRESS	100 Daffin Rd	
CITY-ST-ZIP	Molino, FL 32577	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Krisman, Karl	
STREET ADDRESS	5080 Roland Rd	
CITY-ST-ZIP	Pace, FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 850-968-3007

Date

Daytime Phone #

CR2E037 (9/99)