2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Mar 09, 2001 8:00 am Secretary of State **DÖCUMENT # N38303** 1. Entity Name CHAMPION EMPLOYEE RECREATION ASSOCIATION INC. 03-09-2001 90485 027 ****70.00 Mailing Address Principal Place of Business 3810 FLINTWOOD ROAD 10 DAFFIN ROAD MOLINO FL 32504 PENSACOLA FL 32504 3. Mailing Address 1,000 Daffin Rd Moline, FL 32504 Suite, Apt. #, etc. 2. Principal Place of Business 375 Muscogec Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-0838852 FL 32533 Not Applicable antonment Country Country \$8.75 Additional Zip Certificate of Status Desired UJA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Eller Danny Street Address (P.O. Box Number is Not Acceptable) 1000 Daffin Roa ELLER, DANNY 100 DAFFIN RD. MOLINO FL 32577 Molino 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Change ☐ Addition PD ☐ Delete TITLE Eller Daning Rd ELLER, DANNY NAME NAME STREET ADDRESS STREET ADDRESS 100 DAFFIN RD Molino FL 32577 CITY-ST-ZIP CITY-ST-ZIP MOLINO FL Susan Romine Change Addition Addition TD Delete TITLE TITLE 3121 J. Pine Barren Rd NAME BRAYTON, DAVID N NAME McDavid, FL \$ 32568-2742 STREET ADDRESS STREET ADDRESS 25 RIDGEVIEW CT CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Change ☐ Addition ۷D ☐ Delete TITLE TITLE NAME KRISMAN, KARL NAME STREET ADDRESS STREET ADDRESS 5080 ROLAND RD. CITY-ST-ZIP CITY-ST-ZIP PACE FL 32571 ☐ Addition Change D TITLE TITLE Delete ROMINE, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 3121 S PINE BARREN RD CITY-ST-ZIP CITY-ST-ZIP MCDAVID FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 12 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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