2001 UNIFORM BUSINESS REPORT (UBR)

naciu	MENT	# N96000	201720		,]				
DOCUMENT # N9600001720 1. Entity Name										
CHECKERS NATIONAL PRODUCTION FUND, INC.						FILED				
Principal Place of Business Mailing Address						* 01 . APR 25 AM 10: 1 5				
14255 49TH STREET N BLDG #1			P.O. BOX 18800 CLEARWATER FL 33762-1800			SECRI TALLAI	TARY OF SHASSEE FL	TATE ORIDA		
CLEARWATER FL 33762 US			US				BYO TOURS ONLY TOUR DE		6:6 } :(3: 0) (3:0) 	11 1 11 111 11 1 111 1
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WR	ITE IN THIS	SPACE	
City & State			City & State			4. FEI Number S8-205 1008 Applied For Not Applicable				
Zip	Zip Country		Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent	Name/	<u> </u>		Address of New		~~	20.41
CT CODDODATION SYSTEM					<u>ior</u> c	P.Q. Box Mumbe	r is Not Acceptab	rvice 10)	Λ	yany
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			(20) Ha	45 S	ree	/-	
PLANTATION FL 33324					lahas	SeC	FL	Zip Cod	30/	
8. The above	named entit	y submits this statement for	the purpose of changing its r	egistered office				lorida.		,
	7		BRIAN COUR					4-2	5-0	26
SIGNATURE .	7	,	DRIANTING							
	Signature, typed	or printed name of registered agent a		Registered Agent sign	atore required	en reinstating)		DATE		
		or printed name of registered agent a.	nd title if applicable. [NOTE:	Hegistered Agent sign Financing	\$5.0	0 Мау Ве		DATE Ke Check I	Payable to	
	FILE		and title if applicable. (NOTE:	Hegistered Agent sign Financing	\$5.0			DATE	Payable to	
10.	FILE FEE IS	NOW:	9. Election Campaign Trust Fund Contribu	Hegistered Agent sign Financing	\$5.0 Added	0 May Be I to Fees		ce Check Fepartment	Payable to of State	110
TITLE	FILE FEE IS	NOW: \$61.25 OFFICERS AND DIR	9. Election Campaign Trust Fund Contribu	Financing tion.	\$5.0 Added	May Be I to Fees	NGES TO OFFIC	CHECK FEPARTMENT	Payable to of State	
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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

POLINA DECKOUTERS, AC

4/20/61

(727)519-2000