


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006407 1. Entity Name CHAMPIONSHIP BASKETBALL, INC.	
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Principal Place of Business 29443 AZALEA LANE WESLEY CHAPEL, FL 33543	Mailing Address 29443 AZALEA LANE WESLEY CHAPEL, FL 33543
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01162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554612	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOSS, CONRAD P 29443 AZALEA LANE WESLEY CHAPEL, FL 33543
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DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSS, CONRAD P 29443 AZALEA LANE WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, RANDY 220 SOUTH FRANKLIN AVE. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCHAL, BOBBY 9023 QUAIL CREEK DR. TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, GORDON 277 LEGENDS TRACE MCDONOUGH, GA 30253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80066-007 61.25

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: Conrad P. Foss **CONRAD P. FOSS** 1-15-04 (813) 991-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #