

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022161

1. Entity Name

CHANNING CORPORATION XXIV

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90465 040 ***150.00

Principal Place of Business
3300 PGA BLVD
550
PALM BCH GARDENS FL 33410
US

Mailing Address
3300 PGA BLVD
550
PALM BCH GARDENS FL 33410
US

2. Principal Place of Business
5520 PGA BLVD

3. Mailing Address
5520 PGA BLVD

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
P.B. GARDENS FL

City & State
P.B. GARDENS FL

Zip
33410

Country
USA

Zip
33410

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0487159

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS INC.
2601 SO. BAYSHORE DR., 19TH FL.
19TH FLOOR
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DC	<input type="checkbox"/> Delete		TITLE	D/C/P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANNING, JOEL B.			NAME	CHANNING JOEL		
STREET ADDRESS	3300 PGA BLVD #550			STREET ADDRESS	5520 PGA BLVD #200		
CITY-ST-ZIP	PBG FL 33410			CITY-ST-ZIP	P.B. GARDENS, FL 33410		
TITLE	DVC	<input type="checkbox"/> Delete		TITLE	DIVIC/ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANNING, JON H.			NAME	CHANNING JON		
STREET ADDRESS	3300 PGA BLVD #550			STREET ADDRESS	5520 PGA BLVD 200		
CITY-ST-ZIP	PBG FL 33410			CITY-ST-ZIP	P.B. GARDENS, FL 33410		
TITLE	DCCP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANNING, JOEL B.			NAME			
STREET ADDRESS	3300 PGA BLVD #550			STREET ADDRESS			
CITY-ST-ZIP	PBG FL 33410			CITY-ST-ZIP			
TITLE	DVST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANNING, JON			NAME			
STREET ADDRESS	3300 PGA BLVD #550			STREET ADDRESS			
CITY-ST-ZIP	PBG FL 33410			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)