

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
 02-26-2002 90077 045 ***150.00

DOCUMENT # P94000023576

1. Entity Name
THE CHAMPIONS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

P.O. BOX 2766
13651 GANNET DR
FT MYERS FL 33908
US

Mailing Address

FELDMAN & FELDMAN P.A.
500 NE SPANISH RIVER BLVD., #16
BOCA RATON FL 33431
US



2. Principal Place of Business.

3. Mailing Address

Feldman & Feldman, P.A.

Suite, Apt. #, etc.

2424 N Federal Hwy, #200

City & State

Boca Raton FL 33431

Zip

33431

Country

US

City & State

Boca Raton FL

Zip

33431

Country

US

4. FEI Number **65-0479437**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, C.P.A., MINDY A

500 NE SPANISH RIVER BLVD

SUITE 16

BOCA RATON FL 33431

Name

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

2424 N Federal Highway

Suite 200

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	DPST	<input type="checkbox"/> Delete
NAME	MYERS, ELIZABETH F	
STREET ADDRESS	13651 GANNET DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *X Elizabeth F Myers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

XZ-8-2002

Date

Daytime Phone #

CR2E034 (9/01)