

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90149 048 ***150.00

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DOCUMENT # P94000092519

1. Entity Name
CHAMPION FAMILY CORPORATION, INC.



Principal Place of Business
**3375-G CAPITAL CR., N.E.
TALLAHASSEE FL 32308
US**

Mailing Address
**3375-G CAPITAL CR., N.E.
TALLAHASSEE FL 32308
US**

11012653



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3294400**

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

**THOMSON, W. FREDERICK
3375-G CAPITAL CIRCLE, NE
TALLAHASSEE FL 32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **CHAMPION, JOHN SR.**
STREET ADDRESS **2214 KILLEARNEY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHAMPION, MARY L**
STREET ADDRESS **2214 KILLEARNEY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CHAMPION, JOHN JR.**
STREET ADDRESS **407 WINDY KNOB TRAIL**
CITY-ST-ZIP **BANNER ELK NC 28604**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **13810 Sutton Park Dr. N. #637**
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **D** ☐ Delete
NAME **ODOM, SALLY CHAMPION**
STREET ADDRESS **8499 CONGRESSIONAL DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **V/T/S/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **THOMSON, FREDERICK W**
STREET ADDRESS **3375-G CAPITAL CIR. NE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 607, 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:

John Champion, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

904-223-4205
Daytime Phone #

CR2E034 (10/02)