

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042823

1. Entity Name  
CHANNING CORPORATION XXVI

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  
33418 Country  
USA

Zip  
33418 Country  
USA

4. FEI Number 65-0711291

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 S. BAYSHORE DR., 19TH PLACE  
MIAMI FL 33133

## 7. Name and Address of New Registered Agent

Name  
JOEL B. CHANNING  
Street Address (P.O. Box Number is Not Acceptable)  
5520 PGA BLVD # 200  
City  
P.B. GARDENS, FL FL Zip Code  
33418

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCCP CHANNING, JOEL B 3300 PGA BLVD #550 PBG FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCVS CHANNING, JON H 3300 PGA BLVD #550 PBG FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIC/CIP CHANNING, JOEL B 5520 PGA BLVD # 200 P.B. GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIC/VS CHANNING, JON H 5520 PGA BLVD # 200 P.B. GARDENS, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90275 038 \*\*\*150.00

00001413



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)