

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008833

1. Entity Name

ATHENA HOLDINGS, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90396 015 ***550.00

Principal Place of Business

Mailing Address

917 N PALMWAY ST.
KISSIMMEE FL 34744

917 N PALMWAY ST.
KISSIMMEE FL 34744-4543

00068330

2. Principal Place of Business

3. Mailing Address

316 N. John Young Pkwy Suite 13

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee FL

Kissimmee FL

4. FEI Number

59-3423062

Applied For

Not Applicable

Zip

Country

34741

USA

Zip

Country

34741

USA

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

CHAMPAGNE, RICHARD
329 CLERMONT DR.
KISSIMMEE FL 34744

Name

John Schwartz

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

316 N. John Young Parkway

Kissimmee FL Suite 13

City

Kissimmee

FL

Zip Code

34741

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 John Schwartz

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

(NOTE: Registered Agent signature required when reinstating)

6/29/2000

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, 2000 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	V	<input checked="" type="checkbox"/> Delete
NAME	EDEN, BRIAN	
STREET ADDRESS	2100 W 76 ST, #510	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SEMIC, DAN	
STREET ADDRESS	6115 PARSON DR	
CITY-ST-ZIP	HARRISBURG PA 17111	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KONEFF, DAVE	
STREET ADDRESS	25 YORK HILL RD	
CITY-ST-ZIP	ETTERS PA 17319	
TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	CHAMPAGNE, RICHARD	
STREET ADDRESS	329 CLERMONT DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMPAGNE, RICHARD	
STREET ADDRESS	316 N. John Young Parkway, Suite 13	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/2000

Date

Daytime Phone #