

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041242

1. Entity Name

CHANNING CORPORATION XXVIII

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90004 035 \*\*\*150.00

Principal Place of Business

Mailing Address

3300 PGA BLVD  
#550  
PALM BEACH GARDENS FL 33410  
US

3300 PGA BLVD  
#550  
PALM BEACH GARDEN FL 33410  
US

2. Principal Place of Business

3. Mailing Address

5520 PGA BLVD #200  
Suite, Apt. #, etc.  
200

5520 PGA BLVD #200  
Suite, Apt. #, etc.  
200

City & State

City & State

P.B. GARDENS, FL

P.B. GARDENS FL

Zip

Country

Zip

Country

33418 USA

33418 USA

4. FEI Number

65-0779731

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

JON H. 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

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, 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 D ☐ Delete  
NAME CHANNING, JOEL B  
STREET ADDRESS 3300 PGA BLVD. #550  
CITY-ST-ZIP WEST PALM BEACH FL 33410

TITLE D ☒ Change ☐ Addition  
NAME CHANNING, JOEL B.  
STREET ADDRESS 5520 PGA BLVD #200  
CITY-ST-ZIP P.B. GARDENS, FL 33418

TITLE D ☐ Delete  
NAME CHANNING, JON H  
STREET ADDRESS 3300 PGA BLVD. #550  
CITY-ST-ZIP WEST PALM BEACH FL 33410

TITLE D ☒ Change ☐ Addition  
NAME CHANNING, JON H.  
STREET ADDRESS 5520 P.G.A. BLVD #200  
CITY-ST-ZIP P.B. GARDENS, FL 33418

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)