

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048801

1. Entity Name

CHANNER ASSOCIATES INTERNATIONAL CORP.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90023 009 ***158.75

Principal Place of Business

260 CRANDON BLVD
SUITE 32-115
KEY BISCAYNE FL 33149-1540
US

Mailing Address

260 CRANDON BLVD
SUITE 32-115
KEY BISCAYNE FL 33149-1536
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1681313

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DACY, JOHN A
260 CRANDON BLVD
SUITE 32-115
KEY BISCAYNE FL 33149-1540

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.

SIGNATURE

John A. Dacy JOHN A. DACY

JAN 18, 2000

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, 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	P	<input type="checkbox"/> Delete
NAME	CHANNER, MIKE	
STREET ADDRESS	LOT 5 BEGONIA LODGE Linstead P.O.	
CITY-ST-ZIP	ST CATHERINE, JAMAICA W.I.	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DACY, JOHN A	
STREET ADDRESS	260 CRANDON BLVD, STE 32-115	
CITY-ST-ZIP	KEY BISCAYNE FL 33149-1540	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

John A. Dacy JOHN A. DACY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18, 2000 448-4555

Date

Daytime Phone #

CR2E034 (9/99)