

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081832

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90100 006 ***150.00

1. Entity Name
L. CHAMPIONS, INC.

Principal Place of Business

Mailing Address

2415 N MONROE ST
 STE 1044
 TALLAHASSEE FL 32303
 US

2852 TETON TRAIL
 TALLAHASSEE FL 32303-1924

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3470139**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CHAMPION, DAVID
2852 TETON TRAIL
TALLAHASSEE FL 32303

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
CHAMPION, DAVID
2852 TETON TR
TALLAHASSEE FL 32303 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPSD
Champion, Carolyn
2852 Teton Tr.
Tallahassee, FL 32303 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPSD
PRESTON, CATHERINE
4683 INISHEER DR
TALLAHASSEE FL 32308 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
Preston, Catherine
4683 Inisheer Dr
Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
PRESTON, TIM
4683 INISHEER DR
TALLAHASSEE FL 32308 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

David Champion **David Champion**

4/30/00

850/562-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)