

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106535

1. Entity Name

CHAMPION VENTURE FUND, INC.

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90212 031 \*\*\*150.00

Principal Place of Business

2180 PARK AVE N. STE 100  
WINTER PARK FL 32789

Mailing Address

2180 PARK AVE N. STE 100  
WINTER PARK FL 32795-2259

2. Principal Place of Business

101 Timberlachen Circle

3. Mailing Address

P.O. Box 952252

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State

Lake Mary FL

City & State

Lake Mary FL

Zip

32746

Country

USA

Zip

32795-2259

Country

USA

4. FEI Number

59-3490330

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

CHAMPION, CHARLES J JR.  
2180 PARK AVE N, STE 100  
WINTER PARK FL 32789

Name

Charles J. Champion, Jr.

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

101 Timberlachen Circle, Suite 202

City

Lake Mary

FL

Zip Code

32746

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

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	PSTD CHAMPION, JR C J	<input type="checkbox"/> Delete
STREET ADDRESS	2180 PARK AVENUE, NORTH, SUITE 100	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PSTD Charles J. Champion, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 Timberlachen Circle, Suite 202	
CITY-ST-ZIP	Lake Mary FL 32746	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

Date

407 330 2240

Daytime Phone #

C-32 (03/99)