

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90038 005 ***150.00

DOCUMENT # P98000062935

1. Entity Name

CHANNING CORPORATION XXIX

Principal Place of Business

Mailing Address

3300 PGA BLVD STE 550
PALM BEACH GARDENS FL 33410

3300 PGA BLVD STE 550
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

5520 PGA BLVD

5520 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

P.B. GARDENS

P.B. GARDENS

Zip

Country

Zip

Country

33418

USA

33418

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBER CORPORATE AGENTS INC
2801 S BAYSHORE DR 19 FL
MIAMI FL 33133

Name

JON CHANNING

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

5520 PGA BLVD #200

City

P.B. GARDENS

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

4/25/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHANNING, JOEL B
3300 PGA BLVD STE 550
PALM BEACH GARDENS FL 33410

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHANNING, JON H
3300 PGA BLVD STE 550
PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHANNING, JON H.
5520 PGA BLVD #200
P.B. GARDENS, FL 33418

TITLE
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TITLE
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

Date

Daytime Phone #

4/25/01

0230528

CR2E034 (10/00)