

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030993

1. Entity Name

CHATTAHOOCHEE CHALLENGE, INC.

Principal Place of Business

1749 MAIN LINE DR  
QUINCY FL 32351

Mailing Address

P.O. BOX 355  
QUINCY FL 32353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MOTT, CURTIS D  
1749 MAINLINE DR.  
QUINCY FL 32351

7. Name and Address of New Registered Agent

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MOTT, CURTIS P	
STREET ADDRESS	1749 MAINLINE DR	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOTT, MARISA	
STREET ADDRESS	1749 MAINLINE DR	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOTT, CURTIS D	
STREET ADDRESS	1749 MAINLINE DR	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOTT, MARISA	
STREET ADDRESS	1749 MAINLINE DR	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90281 030 \*\*\*150.00

00030571



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3568235

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

0462884

CR2E034 (10/00)

3/29/01 850-627-6558