

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066329

1. Entity Name

CHAMPION PROPERTIES MANAGEMENT, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90029 028 ***150.00

Principal Place of Business

4930 PARK BLVD.
SUITE 9
PINELLAS PARK FL 33781-3410

Mailing Address

4930 PARK BLVD.
SUITE 9
PINELLAS PARK FL 33781-3410

2. Principal Place of Business

9300 5th Street N.

Suite, Apt. #, etc.

3. Mailing Address

9300 5th Street N.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip
33702

Country

USA

City & State

St. Petersburg FL

Zip

33702

Country

USA

4. FEI Number

59-3595687

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

Name

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

9300 5th Street North

City

St. Petersburg

FL

Zip Code

33702

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

Dawn W. Grzybala Dawn W. Grzybala

4/13/00

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
PSTD
GRZYBALA, DAWN W
4930 PARK BLVD., SUITE 9
PINELLAS PARK FL 33781-3410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
9300 5th Street N.
St. Petersburg, FL 33702 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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:

Dawn W. Grzybala Dawn W. Grzybala

Date

4/13/00 (727)217-0510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)