2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 15, 2001 8:00 am Secretary of State DOCUMENT # P99000106680 CHAMPION INTERESTS GROUP, INC. 02-15-2001 90052 038 ***150.00 Mailing Address Principal Place of Business FOUR SAWGRASS VILLAGE STE 205C FOUR SAWGRASS VILLAGE STE 205C PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 C0021712 3. Mailing Address 2. Principal Place of Business CIRCLE Вох RESERVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State, 59-3613870 BEACH Not Applicable ONTE Country \$8.75 Additional Zip 5. Certificate of Status Desired USA Fee Required 32004-0450 32*082* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL BERRY, MICHAEL L JR Street Address (P.O. Box Number is Not Acceptable) FOUR SAWGRASS FOUR SAWGRASS VILLAGE STE 205B PONTE VEDRA BEACH FL 32082 32°682 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SD VTSD □ Delete TITLE TITLE MERRYBETH S. CHAMPION CHAMPION, MERRYBETH S NAME 416 LA RÉSERVE FOUR SNAILCRES VILLAGE STE 205C STREET ADDRESS STREET ADDRESS BEACH 32082 PONTE VEDRA PONTE VEDRA BEACH FL 32082 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppowered. meny MERRY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone