

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90129 002 \*\*\*150.00

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**DOCUMENT # P99000106680**

1. Entity Name  
**CHAMPION INTERESTS GROUP, INC.**

Principal Place of Business  
**416 LA RESERVE CIRCLE**  
**PONTE VEDRA BEACH FL 32082**

Mailing Address  
**PO BOX 450**  
**PONTE VEDRA BEACH FL 32004-0450**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3613870**

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

**GERRY, MICHAEL L JR**  
**FOUR SAWGRASS VILLAGE STE 205B**  
**PONTE VEDRA BEACH FL 32082**

Name  
**MERRYBETH S. CHAMPION**

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

**416 LA RESERVE CIRCLE**

City **PONTE VEDRA BEACH** FL Zip Code **32082**

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 *Merrybeth S. Champion, President*

**MERRYBETH S. CHAMPION**

**1/15/02**

Signature, type 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, 2002 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 **VTSD. CHAMPION, MERRYBETH S** ☐ Delete  
 STREET ADDRESS **416 LA RESERVE CIRCLE**  
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete  
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 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. **MERRYBETH S. CHAMPION**

SIGNATURE: *Merrybeth S. Champion*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/02 904 543-8568**  
 Date Daytime Phone #

CR2E034 (9/01)