2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 03, 2000 8:00 am Secretary of State **DOCUMENT # \$81873** 1. Entity Name CHAMPIONS GREEN DEVELOPMENT COMPANY 03-03-2000 90013 025 ***150.00 Principal Place of Business Mailing Address 9240 BONITA BEACH RD 9240 BONITA BEACH RD BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135-4250 00024026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0298702 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER, GAREY F. Street Address (P.O. Box Number is Not Acceptable) 1625 HENDRY ST. #301 FORT MYERS FL 33901 City Zip Code FL 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 X signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change Addition TITLE TITLE REINERT, KIRT NAME NAME STREET ADDRESS 9240 BONITA BEACH RD #1117 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BONITA SPRINGS FL 34135** ☐ Change ☐ Addition TITLE ☐ Delete TITLE REINERT, PATRICK B. NAME NAME STREET ADDRESS 9240 BONITA BEACH RD #1117 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE WENWIESER, DIETER STREET ADDRESS 9240 BONITA BEACH RD #1117 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34145** CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE 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 empowered.

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

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NAME

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND NEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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