

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712143

1. Entity Name

COLLEGIATE LIVING ORGANIZATION, INC.

Principal Place of Business

117 N.W. 15TH STREET
GAINESVILLE FL 32603

Mailing Address

117 N.W. 15TH STREET
GAINESVILLE FL 32603

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

DUCHASTEL, JULIA C
117 N. W. 15TH STREET
C
GAINESVILLE FL 32603

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	DUCHASTEL, JULIA C	
STREET ADDRESS	117 N.W. 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RATTI, MIKE	
STREET ADDRESS	117 N.W. 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MITCHELL, JASON A	
STREET ADDRESS	117 N.W. 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NGHIEN, LOLITA	
STREET ADDRESS	117 N.W. 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	MCMULLIAN, JANESEA	
STREET ADDRESS	117 N.W. 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, KELLY	
STREET ADDRESS	117 N.W. 15TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32603	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Kim	
STREET ADDRESS	117 NW 15 St.	
CITY-ST-ZIP	Gainesville, FL 32603	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sneed, Brian	
STREET ADDRESS	117 NW 15 St.	
CITY-ST-ZIP	Gainesville, FL 32603	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sullivan, Matthew	
STREET ADDRESS	117 N.W. 15 St	
CITY-ST-ZIP	Gainesville, FL 32603	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dugue, Monica	
STREET ADDRESS	117 NW 15 St	
CITY-ST-ZIP	Gainesville FL 32603	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

00 SEP 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. FEI Number

59-0205245

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

9-24-00

400003418044-4
-10/09/00--01014--005
****236.25 ****236.25

KE

9-24-00 (352) 377-4269