

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0006423  
AF

DOCUMENT # **A00000001443**

1. Entity Name

**CAMPBELL STATION ASSOCIATES, LTD.**

01 APR 30 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**6400 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33309**

Mailing Address

**6400 NORTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**300 SE 2nd Street**

3. Mailing Address

**300 SE 2nd Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

**65-1041390**

Applied For

Not Applicable

Zip

**33301**

Country

Zip

**33301**

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, PATRICIA**

**6400 NORTH ANDREWS AVENUE**

**FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

**Patricia Jones**

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

**c/o Stiles Corporation**

**300 SE 2nd Street**

City

**Ft. Lauderdale, FL**

**FL**

Zip Code  
**33301**

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

*Patricia Jones*  
**Patricia Jones**

(NOT Registered Agent signature required when reinstating)

DATE

**2/21/01**

9. Capital Contributions  
as Shown on record.

**\$1,640,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$1,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P0000089609**  
NAME **CAMPBELL STATION GP, INC.**  
STREET ADDRESS **6400 NORTH ANDREWS AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **300 SE 2nd Street**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**200004217722--8**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**-05/15/01--01096--021**  
**\*\*\*141.25 \*\*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Patricia Jones*  
**Patricia Jones**

**2/21/01**

Date

**954/627-9300**

Daytime Phone #

CR2E003 (11/00)