

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A99000001172**

1. Entity Name  
**CAMPUS LODGE CAPITAL PARTNERS I, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR -4 PM 6: 34



Principal Place of Business C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607	Mailing Address C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607-4190
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3589081**      Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMEURCO MANAGEMENT, INC.**  
**4350 WEST CYPRESS STREET, SUITE 250**  
**TAMPA FL 33607**

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]*      (NOTE: Registered Agent signature required when reinstating)      DATE

9. Capital Contributions as Shown on record. **\$5,550,000.00**      10. Amount of Capital Contributions in FLORIDA to date.      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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>P99000058196</b>	NAME <b>EURO XVI, INC.</b>	STREET ADDRESS <b>800003215538--6</b>	
STREET ADDRESS <b>4350 WEST CYPRESS STREET, SUITE 250</b>	CITY - ST - ZIP <b>TAMPA FL 33607</b>	CITY - ST - ZIP <b>04720700--01002--013</b>	<b>***526.25 ***526.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
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STREET ADDRESS	CITY - ST - ZIP	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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE: SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/99)