

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009457 AF

DOCUMENT # **A99000001413** 035)

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

**FILED**

01 MAR 30 AM 11:49

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**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3608437** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**AMEURCO MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$10,610,000.00** 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>P99000075783</b>	STREET ADDRESS	
NAME	<b>EURO XIX, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>4350 WEST CYPRESS STREET, SUITE 250</b>	STREET ADDRESS	<del>900002992819--8</del>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	CITY-ST-ZIP	<del>-04/11/01--01111--002</del>
DOCUMENT #		STREET ADDRESS	<del>***526.25 ***526.25</del>
NAME		CITY-ST-ZIP	
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CPRE003 (11/00)

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: **BRUCE D. BURDGE** EXECUTIVE VICE PRESIDENT **3/26/01** (813) 353-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #