

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90086 026 ***150.00

DOCUMENT # 264788

1. Corporation Name
CAMPUS LANDS CORP.

Principal Place of Business
29 BROADWAY
NEW YORK NY 10006

Mailing Address
29 BROADWAY
NEW YORK NY 10006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1962

4. FEI Number

Applied For

Aw59-1009741

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 13992 W. Hillsborough

26 13992 W. Hillsborough

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa FL

28 Tampa FL

24 Zip Country

29 Zip Country

33635 USA

33635 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACLEOD, DEBORAH E.
4121 NW 37TH PLACE
GAINESVILLE FL 32608

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME LAMBOS, CONSTANTINE P.
STREET ADDRESS 29 BROADWAY
CITY-ST-ZIP NEW YORK, NY 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME LAMBOS, WILLIAM A
STREET ADDRESS 29 BROADWAY
CITY-ST-ZIP NEW YORK, NY 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME LAMBOS, THEODORA K
STREET ADDRESS 29 BROADWAY
CITY-ST-ZIP NEW YORK, NY 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME GIARDINO, CAROL
STREET ADDRESS 29 BROADWAY
CITY-ST-ZIP NEW YORK, NY 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME GIARDINO, LUCIE
STREET ADDRESS 29 BROADWAY
CITY-ST-ZIP NEW YORK, NY 00000

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William P. Bank
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

813-891-6331

Date

Daytime Phone #

CR2E034 (11/98)

0002980