

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90214 015 ***150.00

DOCUMENT # 264788

1. Entity Name
CAMPUS LANDS CORP.



Principal Place of Business
**6461 ROUTE 82
STANFORDVILLE NY 12581
US**

Mailing Address
**P O BOX 370
STANFORDVILLE NY 12581
US**



2. Principal Place of Business
5800 NW 39th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Gainesville FL

City & State

4. FEI Number **59-1009741**

Applied For
Not Applicable

Zip
32606

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **CONTEMPORARY MGT**
Street Address (P.O. Box Number is Not Acceptable)
5800 NW 39th Ave
Suite 104
City **GAINESVILLE** FL Zip Code **32606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **1/19/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **GIARDINO, LUCIE**
STREET ADDRESS **ALGER COURT, RIVERMERE #2B**
CITY-ST-ZIP **BRONXVILLE NY 10708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVPD** ☐ Delete
NAME **WECK, BRIAN**
STREET ADDRESS **P O BOX 370**
CITY-ST-ZIP **STANFORDVILLE NY 12581**

TITLE **EVP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **WECK, DIANE**
STREET ADDRESS **P O BOX 370**
CITY-ST-ZIP **STANFORDVILLE NY 12581**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **GIARDINO, CAROL**
STREET ADDRESS **ALGER COURT, RIVERMERE #2B**
CITY-ST-ZIP **BRONXVILLE NY 10708**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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 #

CR2E034 (10/02)