

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 264788

1. Entity Name

CAMPUS LANDS CORP.

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90008 024 \*\*\*550.00

A0074976

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
13992 W. Hillsborough  
Tampa, FL 33635

Mailing Address  
13992 W. Hillsborough  
Tampa, FL 33635

2. Principal Place of Business  
4600 Fieldston Road  
Suite, Apt. #, etc.  
c/o Lucienne Giardino

3. Mailing Address  
4600 Fieldston Road  
Suite, Apt. #, etc.  
c/o Lucienne Giardino

City & State  
Bronx, NY 10471

City & State  
Bronx, NY 10471

4. FEI Number  
59-1009741

Applied For  
Not Applicable

Zip 10471 Country USA Zip 10471 Country USA

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

Deborah E. Macleod  
4121 N.W. 37th Place  
Gainesville, FL 32608

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Lambos, Constantine P. 29 Broadway New York, NY 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lambos, William A. 29 Broadway New York, NY 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Lambos, Theodora K. 29 Broadway New York, NY 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Giardino, Carol 29 Broadway New York, NY 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Giardino, Lucie 4600 Fieldston Road Bronx, NY 10471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ExexVP/D Weck, Brian 4600 Fieldston Road Bronx, NY 10471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Weck, Diane 4600 Fieldston Road Bronx, NY 10471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Giardino, Carol 4600 Fieldston Road Bronx, NY 10471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lucie Giardino* Lucie Giardino, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

**PROSKAUER ROSE LLP**

2255 Glades Road  
Suite 340 West  
Boca Raton, FL 33431-7360  
Telephone 561.241.7400  
Elsewhere in Florida  
800.432.7746  
Fax 561.241.7145

NEW YORK  
LOS ANGELES  
WASHINGTON  
NEWARK  
PARIS

Direct Dial 561.995.4704

*attachment*  
*#264788*  
*A0074976*

**SENT VIA FEDERAL EXPRESS**

June 21, 2001

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Annual Reports Section  
Tallahassee, FL 32399

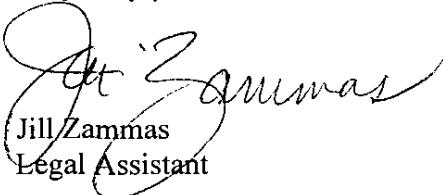
Re: Campus Lands Corp.  
Document # 264788

Dear Sir/Madam:

Enclosed is the 2001 Uniform Business Report for the above-referenced corporation and a check in the amount of \$550.00 to cover the cost of filing this document. Please have this document filed as soon as possible.

Thank you.

Very truly yours,

  
Jill Zammas  
Legal Assistant

Enclosures

cc w/enc.: Mrs. Lucie Giardino  
Marcy Hahn-Saperstein, Esq.