

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90005 043 ***150.00

0818620 AT

DOCUMENT # 264788

1. Entity Name
CAMPUS LANDS CORP.

Principal Place of Business

Mailing Address

**4600 FIELDSTON ROAD
 % LUCIE GIARDINO
 BRONX NY 10471**

**4600 FIELDSTON ROAD
 % LUCIE GIARDINO
 BRONX NY 10471**



2. Principal Place of Business

3. Mailing Address

6461 ROUTE 92

STANFORDVILLE NY

P.O. Box 370

STANFORDVILLE NY

Zip **12581**

Country **USA**

Zip **12581**

Country **USA**

4. FEI Number **59-1009741**

Applied For
 Not Applicable

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

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, 2002 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	PSD GIARDINO, LUCIE 4600 FIELDSTON ROAD BRONX NY 10471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD WECK, BRIAN 4600 FIELDSTON ROAD BRONX NY 10471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WECK, DIANE 4600 FIELDSTON ROAD BRONX NY 10471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIARDINO, CAROL 4600 FIELDSTON ROAD BRONX NY 10471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ALGER COURT, RIVERMERE #2B Bronxville, NY 10708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O. 370 STANFORDVILLE NY 12581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 370 STANFORDVILLE NY 12581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ALGER COURT, RIVERMERE #2B BRONXVILLE, NY 10708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **Brian Weck, EVPD** 2/28/02 (849) 868-7212
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)