

# 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

POSTAGE AND

**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.  
**104**

CHECK HERE IF MAKING CHANGES

City & State  
**Gainesville FL**

City & State

Zip  
**32606**

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

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

7. Name and Address of New Registered Agent

Name  
**CONTEMPORARY MGT**

Street Address (P.O. Box Number is Not Acceptable)  
**5800 NW 39th Ave**

Suite, Apt. #, etc.  
**Suite 104**

City  
**GAINESVILLE**

State  
**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  DATE **1/19/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GIARDINO, LUCIE ALGER COURT, RIVERMERE #2B BRONXVILLE NY 10708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD WECK, BRIAN P O BOX 370 STANFORDVILLE NY 12581	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WECK, DIANE P O BOX 370 STANFORDVILLE NY 12581	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIARDINO, CAROL ALGER COURT, RIVERMERE #2B BRONXVILLE NY 10708	<input 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	<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

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:  DATE **1/19/03** DAYTIME PHONE # **845868724**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)