

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006288  
AT

DOCUMENT # **A95000001715**

1. Entity Name

**CAMPUS CLUB OF GAINESVILLE, LTD.**

Principal Place of Business

**4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE FL 32224-9667**

Mailing Address

**4315 PABLO OAKS CT.  
SUITE 1  
JACKSONVILLE FL 32224-9667**

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LA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

4. FEI Number **59-3355780**

Applied For

Not Applicable

Zip

Country

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

**STOKES-GAINESVILLE, INC.  
9551 BAYMEADOWS ROAD, SUITE 4  
JACKSONVILLE FL 32256**

Name  
**STOKES-GAINESVILLE, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4315 PABLO OAKS COURT, SUITE 1**  
City  
**JACKSONVILLE** FL Zip Code  
**32224**

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.

**STOKES-GAINESVILLE, INC.**

SIGNATURE By: Sharon W. Fredenhagen Sharon W. Fredenhagen, Vice President 4/17/02  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$4,600,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 0**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000081809**  
NAME **STOKES-GAINESVILLE, INC.**  
STREET ADDRESS **4315 PABLO OAKS CT. SUITE 1**  
CITY-ST-ZIP **JACKSONVILLE FL 32224-9667**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**STOKES-GAINESVILLE, INC.**

SIGNATURE: By: Sharon W. Fredenhagen

4/17/02

904/482-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)