

2000 UNIFORM BUSINESS REPORT (UBR)

0000901 AF

DOCUMENT # **A98000000565**

1. Entity Name

CAMPUS CLUB OF TALLAHASSEE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 11:51

Principal Place of Business
4422 S.W. 85TH WAY
GAINESVILLE FL 32608

Mailing Address
4422 S.W. 85TH WAY
GAINESVILLE FL 32608-4132



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
2677 Old Bainbridge Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. FEI Number **59-3529109**
Applied For
Not Applicable

Zip **32303** Country **LEON**

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FORT, DAVID H
4422 S.W. 85TH WAY
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent
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 **NA** (NOTE: Registered Agent signature required when reinstating) DATE **3-21-00**

9. Capital Contributions as Shown on record. **\$4,200,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$4,200,000.00**

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
DOCUMENT # **P97000056104**
NAME **CAMPUS LODGE, INC.**
STREET ADDRESS **4422 S.W. 85TH WAY**
CITY - ST - ZIP **GAINESVILLE FL 32608**

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY - ST - ZIP
3000003198649--1
-04/06/00--01081--011
*******535.00 *****535.00**

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

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-21-00 (352) 380-9600
Date Daytime Phone #

CR2E003 (9/99)