

# 2001 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # A98000000565

1. Entity Name

CAMPUS CLUB OF TALLAHASSEE, LTD.

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2677 OLD BAINBRIDGE RD.  
TALLAHASSEE FL 32303

Mailing Address  
4422 S.W. 85TH WAY  
GAINESVILLE FL 32608-432

2. Principal Place of Business

3. Mailing Address

4900 SW 91st Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

4. FEI Number

59-3529109

Applied For

Not Applicable

Zip

Country

32608

Country

Alachua

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 Suite USA

Street Address (P.O. Box Number is Not Acceptable) 4900 SW 91st Terrace

City Gainesville

FL

Zip Code 32608

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.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$4,200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT #  
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CITY-ST-ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

4900 SW 91st Terr

CITY-ST-ZIP

Gainesville FL 32608

STREET ADDRESS

CITY-ST-ZIP

100004218051-2  
-05/15/01--01108--015

STREET ADDRESS

CITY-ST-ZIP

\*\*\*\*437.50 \*\*\*\*437.50

STREET ADDRESS

CITY-ST-ZIP

100004218051-2  
-05/15/01--01108--015  
\*\*\*\*\*88.75 \*\*\*\*\*88.75

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/01

Date

Daytime Phone #

CR2003 (11/00)