

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001173

1. Entity Name

CAMPUS LODGE CAPITAL PARTNERS II, LTD.

Principal Place of Business

C/O EURO AMERICAN MANAGMENT. INC.
4350 WEST CYPRESS STREET, SUITE 250
TAMPA FL 33607

Mailing Address

C/O EURO AMERICAN MANAGMENT. INC.
4350 WEST CYPRESS STREET, SUITE 250
TAMPA FL 33607

FILED
02 APR 19 PM 4: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

St 4300 W. Cypress Street
Suite 1075
Ci Tampa, FL 33607

St 4300 W. Cypress Street
Suite 1075
Ci Tampa, FL 33607

DUE BY MAY 1, 2002

4. FEI Number 59-3589083

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

AMEURCO MANAGEMENT, INC.
4350 WEST CYPRESS STREET, SUITE 250
TAMPA FL 33607

Name
St 4300 W. Cypress Street, Suite 1075
Ci Tampa, FL 33607

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

BRUCE D. BURDGE
EXECUTIVE VICE PRESIDENT

APR 4 2002

Signature typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$3,600,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000058198
NAME EURO XVII, INC.
STREET ADDRESS 4350 WEST CYPRESS STREET, SUITE 250
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS 4300 W. Cypress Street
Suite 1075
CITY-ST-ZIP Tampa, FL 33607

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DOCUMENT #
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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

BRUCE D. BURDGE
EXECUTIVE VICE PRESIDENT

APR 4 2002 813-353-8800

Date

Daytime Phone #

CR2E003 (9/01)

0004491 AV