

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001413

1. Entity Name  
CAMPUS LODGE TAMPA CAPITAL PARTNERS, LTD.



FILED

03 MAR -7 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
4300 W. CYPRESS STREET  
SUITE 1075  
TAMPA FL 33607

Mailing Address  
4300 W. CYPRESS STREET  
SUITE 1075  
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 59-3608437

Applied For

Not Applicable

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.  
4300 W. CYPRESS STREET  
SUITE 1075  
TAMPA FL 33607

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. I am familiar with, and accept the obligations of registered agent.

BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

1/31/03  
DATE

9. Capital Contributions  
as Shown on record. \$10,610,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P99000075783  
NAME EURO XIX, INC.  
STREET ADDRESS 4300 W. CYPRESS STREET  
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS 4300 W Cypress ST STE 1075

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

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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: \_\_\_\_\_  
BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Day

Daytime Phone #

CR2E003 (10/02)