

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001414

1. Entity Name

CAMPUS LODGE OF TAMPA, LTD.

FILED

01 APR 13 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4422 S.W. 85TH WAY

3. Mailing Address

4422 S.W. 85TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FLORIDA

City & State

GAINESVILLE FLORIDA

4. FEI Number

59-3592777

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32608

Country

USA

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

~~AMEURGO MANAGEMENT, INC.~~

~~4350 WEST CYPRESS STREET, SUITE 250~~

~~TAMPA FL 33607~~

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$8,160,000.00

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 # P99000079494
NAME EURO XX, INC.
STREET ADDRESS 4350 WEST CYPRESS STREET, SUITE 250
CITY-ST-ZIP TAMPA FL 33607

STREET ADDRESS

CITY-ST-ZIP

00 PF 536.25
00 PF 500.40
01 PF 536.25
01 PF - N/A

DOCUMENT # Campus Lodge of Tampa, Inc
NAME 4422 SW 85th Way
STREET ADDRESS Gainesville, FL 32608
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #