

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90602 001 ***200.00

0047508

DOCUMENT # L00000003725

1. Entity Name

CAMPUS POINTE, LLC



Principal Place of Business

**631 CHANCEY LANE
TALLAHASSEE FL 32308**

Mailing Address

**P.O. BOX 4263
TALLAHASSEE FL 32303**

2. Principal Place of Business

1208 Hays St

3. Mailing Address

1208 Hays St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

TALLAHASSEE, FLA

City, State

TALLAHASSEE, FLA

Zip

Country

Zip

Country

4. FEI Number

59-3673468

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOVETT, JOHN C.
106 E. COLLEGE AVENUE, SUITE 1200
TALLAHASSEE FL 32301**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SPEARS, DONALD M	
STREET ADDRESS	P.O. BOX 622	
CITY-ST-ZIP	MALVERN AR 72104	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOOTH, HURLEY H JR	
STREET ADDRESS	4697 NORTH MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GRINER, LARRY F	
STREET ADDRESS	P.O. BOX 30	
CITY-ST-ZIP	QUITMAN GA 31643	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAWSON, JOHN H JR.	
STREET ADDRESS	P.O. BOX 752	
CITY-ST-ZIP	CAMDEN AR 71701	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BLANTON, EDWIN F	
STREET ADDRESS	825 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)