## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 27, 2002 8:00 am Secretary of State

05-27-2002 90437 044 \*\*\*150.00

DOCUMENT # POOCO	083318 /
COLLEGE PARKWAY	INVESTORS, INC.

COLLEGE PARKWAY INVESTO	•
DO NOT WRITE IN THIS SP	ACE
2. Principal Place of Business 6710 Winkler Rood 6710 Wink Suite, Apt. #, etc. Suite 7  Suite 7	der Road  DO NOT WRITE IN THIS SPACE
City & State City & State Fort Myers FL Fort Myer	Country
Zip 33919 Country Zip 33919	5. Certificate of Status Desired Fee Required  7. Name and Address of Current Registered Agent
DO NOT WRITE	Name Lamb Jeffrey R
DO NOT WRITE IN THIS SPACE	Street Address (PO Box Number in Not Acceptable)  868 106 TH AVENUE N.
	City Naples FL Zip Code 34108
SIGNATURE  Signature, typed or limited name of registered agent and titla if applicable.  Signature, typed or limited name of registered agent and titla if applicable.  The above named entity submites this state of Florida.  Signature agent, or both, in the State of Florida.  Signature, typed or limited name of registered agent and titla if applicable.  Signature required when reinstating)  DATE	
Tax filing requirement and elects to do so. (See criteria on back)  After May 1  Amended  Make Check Payable	y.1 Fee is \$150.00. Fee is \$550.00.  10. Election Campaign Financing \$5.00 May Be UBR is \$61:25. Trust Fund Contribution.
1. OFFICERS AND DIRECTORS  THE Patak Ronald A  AME  GIST Tidewater Island Circle  Fort Myers, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TLE AME TREET ADDRESS ITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY: ST-ZIP
ITLE AME TREET ADDRESS ITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY- ST-ZIP  DO NOT WRITE
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TLE  MME  REET ADDRESS TY-ST-ZIP	TITLE ( NAME STREET ADDRESS CITY_ST-ZIP
TLE  IMME  REET ADDRESS  TY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

RONALD PATAK 4/30/02 239-454-3444