

DOCUMENT # P00000087080

1. Entity Name
CAMPUS LODGE OF AUBURN, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90141 047 ***150.00

Principal Place of Business Mailing Address
4422 SOUTHWEST 85TH WAY 4422 SOUTHWEST 85TH WAY
GAINESVILLE FL 32608 GAINESVILLE FL 32608

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--------------------------------|
| 4. FEI Number 59-3670347 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|--|---|
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 | 7. Name and Address of New Registered Agent Name: FORT, DAVID H. Street Address (P.O. Box Number is Not Acceptable): 4422 S.W. 85TH WAY City: GAINESVILLE, FL Zip Code: 32608 |
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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: X David H. Fort (NOTE: Registered Agent signature required when reinstating) DATE: 1/6/01

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|--|---|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-------------------------|---------------------------------|---|-----------------------|--|
| TITLE | PSTD | <input type="checkbox"/> Delete | TITLE | PVD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORT, DAVID H | | NAME | FORT, DAVID H | |
| STREET ADDRESS | 4422 SOUTHWEST 85TH WAY | → | STREET ADDRESS | 4422 S.W. 85TH WAY | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | | CITY-ST-ZIP | GAINESVILLE, FL 32608 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | FORT, CLAUDIA | |
| STREET ADDRESS | | | STREET ADDRESS | 4422 S.W. 85TH WAY | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | GAINESVILLE, FL 32608 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X David H. Fort DATE: 1/6/01 (352) 380-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)