

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90076 032 \*\*\*150.00

**DOCUMENT # P00000089609**

1. Entity Name

**CAMPBELL STATION GP, INC.**

Principal Place of Business

Mailing Address

**6400 N ANDREWS AVE  
FT LAUDERDALE FL 33309****6400 N ANDREWS AVE  
FT LAUDERDALE FL 33309**

2. Principal Place of Business

**300 SE 2nd St.**

3. Mailing Address

**300 SE 2nd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Ft. Lauderdale, FL**

City &amp; State

**Ft. Lauderdale, FL**

4. FEI Number

**65-1041388**

Applied For

Not Applicable

Zip

Country

**33301**

Zip

Country

**33301**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****JONES, PATRICIA  
6400 N ANDREWS AVE  
FT LAUDERDALE FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

**300 SE 2nd St.**

City

**Ft. Lauderdale,****FL**

Zip Code

**33301**

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**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. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STILES, TERRY W</b>	NAME	<b>STILES, TERRY W.</b>
STREET ADDRESS	<b>6400 N ANDREWS AVE</b>	STREET ADDRESS	<b>300 SE 2nd St.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>VT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>EAGON, DOUGLAS P.</b>
STREET ADDRESS		STREET ADDRESS	<b>300 SE 2nd St.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>VS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>JONES, PATRICIA</b>
STREET ADDRESS		STREET ADDRESS	<b>300 SE 2nd St.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>FERRERA, ROCCO</b>
STREET ADDRESS		STREET ADDRESS	<b>300 SE 2nd St.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>STINE, JAMES W.</b>
STREET ADDRESS		STREET ADDRESS	<b>300 SE 2nd St.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>O'SHEA, DENNIS F.</b>
STREET ADDRESS		STREET ADDRESS	<b>300 SE 2nd St.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patricia Jones**

Date

**2/21/01**

Daytime Phone #

**954/627-9300**

CR2E034 (10/00)

*Attachment*

*835418*

UNIFORM BUSINESS REPORT

*#P00000089609*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:

V

Addition

NAME:

PALMER, STEPHEN R.

STREET ADDRESS:

300 SE 2<sup>nd</sup> St.

CITY-ST-ZIP:

Ft. Lauderdale, FL 33301