

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90011 014 \*\*\*150.00

**DOCUMENT # P01000016942**

1. Entity Name  
**CAMPUS LODGE OF ATHENS, INC.**

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

Mailing Address  
**4422 SOUTHWEST 85TH WAY**  
**GAINESVILLE FL 32608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3697434**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name

**David H. Fort**

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

**4422 S.W. 85th Way**

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

*David H. Fort*

**DAVID H. FORT**

**2/19/02**

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, 2002 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

TITLE **PSTD** ☐ Delete  
NAME **FORT, DAVID H**  
STREET ADDRESS **4422 SOUTHWEST 85TH WAY**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **PVD** ☒ Change ☐ Addition  
NAME **FORT, DAVID H.**  
STREET ADDRESS **4422 S.W. 85th Way**  
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **ST** ☐ Delete  
NAME **FORT, CLAUDIA A.**  
STREET ADDRESS **4422 S.W. 85th Way**  
CITY-ST-ZIP **Gainesville, FL 32608**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*David H. Fort*  
**DAVID H. FORT**

**2/19/02**

Date

Daytime Phone #

CR2E034 (9/01)