

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90158 022 ***550.00

DOCUMENT # P95000096735

1. Entity Name

COLLEGE PARK MANAGEMENT, INC.

Principal Place of Business

**1665 PALM BEACH LAKES BLVD.
 SUITE 610
 WEST PALM BEACH FL 33401**

Mailing Address

**10 CAMPUS BLVD.
 NEWTOWN SQUARE PA 19073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2376146**

Applied For

Not Applicable

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

**F & L CORP.
 200 LAURA STREET
 3RD FLOOR
 JACKSONVILLE FL 32201-0240**

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

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 \$650.00~~

**After September 13, 2002 Fee will be \$750.00
 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	AS	<input type="checkbox"/> Delete
NAME	DIGIUSEPPE, ROBERT	
STREET ADDRESS	10 CAMPUS BLVD.	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	P	<input type="checkbox"/> Delete
NAME	HOLLOWAY, GARY	
STREET ADDRESS	10 CAMPUS BLVD.	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ROBINSON, BRUCE	
STREET ADDRESS	10 CAMPUS BLVD.	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	COYLE, CATHERINE	
STREET ADDRESS	10 CAMPUS BLVD.	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HUBLEY, DENISE	
STREET ADDRESS	10 CAMPUS BLVD.	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MAHER, MICHAEL	
STREET ADDRESS	10 CAMPUS BLVD.	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	

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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY J SANDAMONE	
STREET ADDRESS	10 Campus Blvd	
CITY-ST-ZIP	Newtown Square, Pa 19073	

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:

Anthony J Sandamone
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (4/02)