**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
Jun 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000008729 (1)**

1. Corporation Name
**CAMPUS CLUB MANAGEMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4540 SOUTHSIDE BLVD. SUITE 902-A<br>JACKSONVILLE FL 32216 | 4540 SOUTHSIDE BLVD. SUITE 902-A<br>JACKSONVILLE FL 32216-5461 |

3. Date Incorporated or Qualified: 01/29/1996
3a. Date of Last Report:

2. Principal Place of Business
21 9551 BAYMEADOWS RD
Suite, Apt. #, etc.
22 SUITE 4
City & State
23 JACKSONVILLE FL
Zip 24 32256 Country 25

2a. Mailing Address
26 9551 BAYMEADOWS RD
Suite, Apt. #, etc.
27 SUITE 4
City & State
28 JACKSONVILLE FL
Zip 29 32256 Country 30

4. FEI Number: 59-3380366 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**
**HURST, CHRISTOPHER J**
**4540 SOUTHSIDE BLVD, SUITE 902-A**
**JACKSONVILLE FL 32216**

**10. Name and Address of New Registered Agent**
81 Name: STOKES, E. CHESTER JR
82 Street Address (P.O. Box Number is Not Acceptable): 9551 BAYMEADOWS RD
83 SUITE 4
84 City: JACKSONVILLE **FL** 85 Zip Code: 32256

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: E. CHESTER STOKES, JR. 4/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HURST, CHRISTOPHER J<br>4540 SOUTHSIDE BLVD, SUITE 902-A<br>JACKSONVILLE FL 32216 | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | DP<br>STOKES, E. CHESTER JR.<br>9551 BAYMEADOWS RD. SUITE 4<br>JACKSONVILLE FL 32256 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DV<br>BERGMANN, THOMAS C.<br>9551 BAYMEADOWS RD. SUITE 4<br>JACKSONVILLE FL 32256 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | DV<br>WALLACE, L. DENISE<br>9551 BAYMEADOWS RD. SUITE 4<br>JACKSONVILLE FL 32256 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | T<br>FREDENHAGEN, SHARON W.<br>9551 BAYMEADOWS RD. SUITE 4<br>JACKSONVILLE FL 32256 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | S<br>HICE, SHERRY<br>9551 BAYMEADOWS RD. SUITE 4<br>JACKSONVILLE FL 32256 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4/22/97 904/739-2340