

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028968

1. Entity Name

OFF CAMPUS CLOSINGS, INC.

Principal Place of Business

2231 N.E. 35TH STREET
LIGHTHOUSE POINT FL 33064

Mailing Address

2231 N.E. 35TH STREET
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

2231 NE 35 ST

3. Mailing Address

2231 NE 35 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT FL

City & State

LIGHTHOUSE POINT FL

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

4. FEI Number

65-0829187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, BONITA L
2231 N.E. 35TH STREET
LIGHTHOUSE POINT FL 33064

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, BONITA L 2231 N.E. 35TH STREET LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, GARY E 2231 N.E. 35TH STREET LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

954
GARY L. JOHNSTON 1-28-01 781
2459

CR2E034 (1/00)

01/21