

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90622 046 ***150.00

DOCUMENT # P990000089390

1. Entity Name

AMERICAN CAMPUS PROPERTIES, INC.

Principal Place of Business

**6189 CR 535
WINDERMERE FL 34786**

Mailing Address

**6189 WINTER GARDEN - VINELAND RD
WINDERMERE FL 34786**

2. Principal Place of Business

6189 Winter Garden - Vineland Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPANGLER, D. PORTER

**6189 WINTER GARDEN - VINELAND RD
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name

The American Schools Corporation

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

6189 Winter Garden - Vineland Rd.

City

Windermere

FL

Zip Code

34786

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

John T. Manhire

John T. Manhire, Chairman

4/11/02

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

TITLE **DP** ☐ Delete
NAME **MANHIRE, JOHN T**
STREET ADDRESS **6124 ST. IVES BLVD.**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **ST** ☐ Delete
NAME **SPANGLER, PORTER**
STREET ADDRESS **6189 CR 535**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **6189 Winter Garden - Vineland Rd.**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **PD** ☒ Change ☐ Addition
NAME **Spangler, D. Porter**
STREET ADDRESS **6189 Winter Garden - Vineland Rd.**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **DST** ☐ Change ☒ Addition
NAME **Hornbeck, Richard H.**
STREET ADDRESS **6189 Winter Garden - Vineland Rd.**
CITY-ST-ZIP **Windermere, FL 34786**

TITLE **D** ☐ Change ☒ Addition
NAME **Shaprow, Mark**
STREET ADDRESS **6189 Winter Garden - Vineland Rd.**
CITY-ST-ZIP **Windermere, FL 34786**

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

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

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. Porter Spangler, President

4/11/02

407 -

905-7700

Date

Daytime Phone #

CR2E034 (9/01)