

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00016

1. Entity Name

COLLEGIATE PROPERTIES, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90149 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1519 S.W. 13TH STREET  
GAINESVILLE FL 32608

1519 S.W. 13TH STREET  
GAINESVILLE FL 32608-1113

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

**NOT APPLICABLE**

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

SAXTON, HARRY E.  
3540 SW 63RD LN  
GAINESVILLE FL 32608

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SAXTON, HARRY E.	
STREET ADDRESS	3540 SW 63RD LN	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAXTON, DENISE	
STREET ADDRESS	3540 SW 6300 LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SAXTON, JOHN	
STREET ADDRESS	470 BAHAMA DRIVE	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAXTON, DENISE	
STREET ADDRESS	3450 SW 63RD LN	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY E. SAXTON

Date

1/11/00

Daytime Phone #

352/375-4541

CR2E034 (9/99)