

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90028 032 ***150.00

DOCUMENT # V00016

1. Entity Name
COLLEGIATE PROPERTIES, INC.

Principal Place of Business

**1540 S.W. 13TH STREET
 GAINESVILLE FL 32608**

Mailing Address

**1540 S.W. 13TH STREET
 GAINESVILLE FL 32608**

402870



2. Principal Place of Business

1331 SW 13TH ST

3. Mailing Address

1331 SW 13TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

32608

Country

USA

Zip

32608

Country

USA

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

SAXTON, HARRY E.

3540 SW 63RD LN

GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

SAME

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

201 SE 2ND AVE

UNIT 307

City

GAINESVILLE

FL

Zip Code

32601

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, 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **SAXTON, HARRY E.**
 CITY-ST-ZIP **3540 SW 63RD LN
 GAINESVILLE FL**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **SAXTON, DENISE**
 CITY-ST-ZIP **3540 SW 63RD LANE
 GAINESVILLE FL**

TITLE ☐ Delete
 NAME **SD-**
 STREET ADDRESS **SAXTON, DENISE**
 CITY-ST-ZIP **3540 SW 63RD LN
 GAINESVILLE FL**

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 ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **SAXTON, HARRY E (SAME)**
 CITY-ST-ZIP **201 SE 2ND AVE # 307
 GAINESVILLE FL 32601**
 (ADDRESS ONLY)

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **SAXTON, DENISE (SAME)**
 CITY-ST-ZIP **201 SE 2ND AVE # 307
 GAINESVILLE FL 32601**
 (ADDRESS ONLY)

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **SAXTON, DENISE (SAME)**
 CITY-ST-ZIP **201 SE 2ND AVE # 307
 GAINESVILLE FL 32601**
 (ADDRESS ONLY)

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY E. SAXTON

Date

1/9/02

Daytime Phone #

352-375-4541

CR2E034 (9/01)