

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002005**

1. Entity Name  
**ADASTAR, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:42

Principal Place of Business  
8365 SHADOW PINE WAY  
SARASOTA FL 34238

Mailing Address  
8365 SHADOW PINE WAY  
SARASOTA FL 34238-5624



2. Principal Place of Business  
**16175 Clark Center Ave.**

3. Mailing Address  
**1605 N. Cedar Crest Blvd.**

DO NOT WRITE IN THIS SPACE

City & State  
**Sarasota FL 34238**

City & State  
**Allentown PA**

4. FEI Number  
**105-0909790**

Applied For  
 Applied For  
 Not Applicable

Zip  
**34238**

Country  
**USA**

Zip  
**18104**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BETTERTON, GREG A ESO**  
**915 S. TAMIAMI TRAIL**  
**NOKOMIS FL 34275**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

*Mf 3/7/00*

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>COLLIER, PHILLIP V</b> <b>8365 SHADOW PINE WAY</b> <b>SARASOTA FL 34238</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Member</b> <b>The Andresa Companies</b> <b>1605 N Cedar Crest Blvd Suite 508</b> <b>Allentown PA 18104</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Member</b> <b>The Cochran Organization</b> <b>Two Residential Plaza Suite 980</b> <b>Chicago IL 60601</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Member</b> <b>The Penleton Corporation</b> <b>6800 Palagon Place Suite 234</b> <b>Richmond VA 23230</b>
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>500003162135--?</b> <b>-03/08/00--01054--006</b> <b>*****50.00 *****50.00</b>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *(Signature)* **SIGNATURE REQUIRED** *Treasurer, The Andresa Companies* **2/2/00** **6010-821-8650**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)