

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16175 Clark Center Ave.

3. Mailing Address

1605 N. Cedar Crest Blvd.

Suite, Apt. #, etc.

Suite 508

City & State

Sarasota FL 34238

City & State

Allentown PA

4. FEI Number

105-0909790

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

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

7. Name and Address of New Registered Agent

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

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

mf 3/7/00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS COLLIER, PHILLIP V
CITY-ST-ZIP 8365 SHADOW PINE WAY
SARASOTA FL 34238

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME member
STREET ADDRESS The Andresa Companies
CITY-ST-ZIP 1605 N Cedar Crest Blvd Suite 508
Allentown PA 18104

TITLE NAME member
STREET ADDRESS The Cochran Organization
CITY-ST-ZIP Two Prudential Plaza Suite 980
Chicago IL 60601

TITLE NAME member
STREET ADDRESS The Penetration Corporation
CITY-ST-ZIP 6800 Palagon Place Suite 234
Richmond VA 23230

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Resner, The Andresa
Companies

Date

4/2/00

Daytime Phone #

610-821-8650

CR2E083 (9/99)