

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000995**

1. Entity Name

CCR OF LAKE LAS VEGAS, LTD.

Principal Place of Business

3250 MARY STREET, SUITE 501
MIAMI FL 33131

Mailing Address

3250 MARY STREET, SUITE 501
MIAMI FL 33133-5232

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

APPLIED FOR

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

SCHATZ, RICHARD E

STEARNS, WEAVER, MILLER, WEISSLER ET AL

150 W. FLAGLER ST., #2200

MIAMI FL 33130

Name

ARVIN PELTZ

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

3250 MARY ST. STE 500

City

MIAMI

FL

Zip Code

33133

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

ARVIN PELTZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$99.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$99.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000025899
NAME CCR OF LAKE LAS VEGAS GP, INC.
STREET ADDRESS 3250 MARY STREET, SUITE 501
CITY - ST - ZIP MIAMI FL 33131

STREET ADDRESS

900003256759--7

CITY - ST - ZIP

05/18/00 01018-004

****141.25 ****141.25

DOCUMENT #
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STREET ADDRESS
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CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

W. PETER TEMLING V.P.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CCR OF LAKE LAS VEGAS GP INC. GP

(205) 445-2493

4/26/00 Date

Daytime Phone #

CR2E003 (9/99)

FILED

00 MAY -9 PM 8:58

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE