

2001 UNIFORM BUSINESS REPORT (UBR)

0015599 AF

DOCUMENT # L00000001995

1. Entity Name
CSI HOSPITALITY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:44

Principal Place of Business
7859 LAKE WORTH ROAD
LAKE WORTH FL 33467

Mailing Address
7859 LAKE WORTH ROAD
LAKE WORTH FL 33467



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

65-0991387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEACHLER, MARK A
7859 LAKE WORTH ROAD
LAKE WORTH FL 33467

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
✓ MARK A. BEACHLER
7859 LAKE WORTH RD
LAKE WORTH, FL. 33467 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
✓ ~~MARK~~ G.J. BEACHLER
7859 LAKE WORTH RD.
LAKE WORTH, FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003676145--5
-02/13/01--01042--006

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
✓ W.J. FARNBAUGH
7859 LAKE WORTH RD
LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-12-01

Date

561-968-5000

Daytime Phone #

CR2E083 (11/00)