

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90181 015 ****50.00

DOCUMENT # L00000012802

1. Entity Name
CSC HOLDINGS, L.L.C.

Principal Place of Business

~~1-A RED FOX LANE~~
FLAGLER BEACH FL 32136

Mailing Address

~~P.O. BOX 354425~~
~~PALM COAST FL 32135~~

2. Principal Place of Business

127 LANTANA AVE.

Suite, Apt. #, etc.

FLAGLER BEACH

City & State

FLORIDA

Zip

32136

Country

USA

3. Mailing Address

127 LANTANA AVE.

Suite, Apt. #, etc.

FLAGLER BEACH, FL

City & State

FLAGLER BEACH, FL

Zip

32136

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3677122**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CONNER, TIMOTHY J
1 FLORIDA PARK DR., NORTH, STE. 110
PALM COAST FL 32137

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SEIBEL, JOHN**
STREET ADDRESS ~~1-A RED FOX LANE~~ **127 LANTANA AVE.**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **MGRM** ☐ Delete
NAME **CLINE, SAM**
STREET ADDRESS **P.O. BOX 354425**
CITY-ST-ZIP **PALM COAST FL 32135**

TITLE **MGRM** ☐ Delete
NAME **CAMERON, C.M. "HAP"**
STREET ADDRESS **P.O. BOX 1288**
CITY-ST-ZIP **FLAGLER BEACH FL 33136**

TITLE **MGRM** ☐ Delete
NAME **PATTERSON, BILL**
STREET ADDRESS **P.O. BOX 1288**
CITY-ST-ZIP **FLAGLER BEACH FL 33136**

TITLE **MGRM** ☐ Delete
NAME **ROBERTS, JONATHAN**
STREET ADDRESS **P.O. BOX 1288**
CITY-ST-ZIP **FLAGLER BEACH FL 33136**

TITLE **MGRM** ☐ Delete
NAME **ROBERTS, ANN**
STREET ADDRESS **P.O. BOX 1288**
CITY-ST-ZIP **FLAGLER BEACH FL 33136**

10. ADDITIONS / CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
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: X **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

CR2E083 (9/01)