

# 2000 UNIFORM BUSINESS REPORT (UBR)

0009437 AF

DOCUMENT # L96000000072

1. Entity Name  
CASA CELESTE, L.C.

APPROVED  
AND  
FILED

00 APR -6 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9225 82ND AVENUE N.  
SEMINOLE FL 33777

Mailing Address

1266 FIRST STREET, SUITE 8  
SARASOTA FL 34236-5519

*[Handwritten Signature]*



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

65-0633939

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KISTLER, RICHARD L  
1266 FIRST STREET  
SUITE 8  
SARASOTA FL 34236

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	MGRM KISTLER, RICHARD L 1266 FIRST STREET SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM ROSNER, JAMES C 45 PROGRESS PARKWAY MARYLAND HGTS MO 63043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SAENGER, LEO C 11605 STUDD AVE., STE 102 ST LOUIS MO 63141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM NICKELL, TED A 3785 WINDBER BLVD PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM KASSICIEH, DANIEL V D.O. 1630 OAK CIRCLE S SARASOTA FL 34232	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM HOLLY D. BALL TRUST 45 PROGRESS PARKWAY MARYLAND HGTS MO 63043	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

REQUIRED Richard L. Kistler 4-3-00 9413656194

CR2E083 (9/99)