

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000072

1. Entity Name

CASA CELESTE, L.C.

Principal Place of Business

9225 82ND AVENUE N.
SEMINOLE FL 33777

Mailing Address

1266 FIRST STREET, SUITE 8
SARASOTA FL 34236

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

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 ☐ Delete
MGRM
KISTLER, RICHARD L
STREET ADDRESS 1266 FIRST STREET
CITY-ST-ZIP SARASOTA FL 34236

TITLE NAME ☐ Change ☐ Addition
200003992302--2
-04/11/01--01058--027
*****55.00- *****55.00

TITLE NAME ☐ Delete
MEM
ROSNER, JAMES C
STREET ADDRESS 45 PROGRESS PARKWAY
CITY-ST-ZIP MARYLAND HGTS MO 63043

TITLE NAME ☐ Change ☐ Addition
12412 Powerscourt Drive Ste 150
St. Louis, Mo. 63141

TITLE NAME ☐ Delete
MEM
SAENGER, LEO C
STREET ADDRESS 11605 STUDDT AVE., STE 102
CITY-ST-ZIP ST LOUIS MO 63141

TITLE NAME ☐ Change ☐ Addition
12412 Powerscourt Drive Ste 150
St. Louis, Mo. 63141

TITLE NAME ☐ Delete
MEM
NICKELL, TED A
STREET ADDRESS 3785 WINDBER BLVD
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MEM
KASSICIEH, DANIEL V D.O.
STREET ADDRESS 1630 OAK CIRCLE S
CITY-ST-ZIP SARASOTA FL 34232

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
MEM
HOLLY D. BALL TRUST
STREET ADDRESS 45 PROGRESS PARKWAY
CITY-ST-ZIP MARYLAND HGHTS MO 63043

TITLE NAME ☐ 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

Richard L. Kistler
Richard L. Kistler

1/12/01

941/365-6194

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

Date

Daytime Phone #

CR2E083 (11/00)