

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001933

1. Entity Name

ARH, L.C.

Principal Place of Business

218 ROYAL PALM WAY
PALM BEACH FL 33480

Mailing Address

P.O. BOX 2771
PALM BEACH FL 33480

FILED

2001 MAY-9 PM 1:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

324 Royal Palm Way

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 231

City & State

Palm Beach, FL

City & State

Zip
33480

Country
USA

Zip

Country

4. FEI Number

65-0884287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAISFIELD, MARC

218 ROYAL PALM WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Marc Haisfield

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

324 Royal Palm Way, Suite 231

City

Palm Beach

FL

Zip Code

33480

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

Marc Haisfield V.P. of G.P.

5/7/01

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
INSIGHT VENTURES, INC.
218 ROYAL PALM WAY
PALM BEACH FL 33480 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ARH, INC.
324 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
324 Royal Palm Way, Ste. 231 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ARH, Inc
324 Royal Palm Way
Palm Beach, FL 33480 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004376595--2
-06/07/01--01130--002
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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:

Marc Haisfield V.P. of G.P.

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

4/9/01

561-555-2829

Date

Daytime Phone #