

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

00 APR 28 PM 12: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000002604**

1. Entity Name  
**CABLE WATER SKI, L.C.**

Principal Place of Business  
**8808 FLORIDA ROCK RD  
ORLANDO FL 32809**

Mailing Address  
**8808 FLORIDA ROCK RD  
ORLANDO FL 32824-7831**



2. Principal Place of Business  
**8615 Florida Rock Road**

3. Mailing Address  
**8615 Florida Rock Road**

City & State  
**ORLANDO, FL 32809**

City & State  
**ORLANDO, FL 32809**

4. FEI Number  
**59-3573426**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

*MMM*

**6. Name and Address of Current Registered Agent**

**FUSSER, KAI  
6279 BENT PINE DRIVE, #1324B  
ORLANDO FL 32822**

**7. Name and Address of New Registered Agent**

Name  
~~HOFMANN, RENE~~

Street Address (P.O. Box Number is Not Acceptable)  
**3813 TOWNSHIP SQUARE BLVD  
# 114**

City **ORLANDO** FL Zip Code **32837**

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.

**X** SIGNATURE **RENE HOFMANN**

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 **MGR HOFMANN, RENE**  Delete  
STREET ADDRESS **6279 BENT PINE DRIVE, #1324B**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE NAME **MGR HOFMANN, RENE**  Change  Addition  
STREET ADDRESS **3813 Township Square Blvd (#114)**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE NAME **MGR FUSSER, KAI**  Delete  
STREET ADDRESS **6279 BENT PINE DRIVE, #1324B**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE NAME **MGR BECK, GEORGE J.**  Change  Addition  
STREET ADDRESS **5400 PARK ST N (PH-9)**  
CITY-ST-ZIP **ST PETERSBURG, FL 33709**

TITLE NAME **MGR EGO, CARMEN**  Delete  
STREET ADDRESS **6279 BENT PINE DRIVE, #1324B**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE NAME **100003249601--9**  Change  Addition  
STREET ADDRESS **-05/11/00--01121--018**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

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.

**X** SIGNATURE: **RENE HOFMANN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**04/15/00**

Date

**(407) 251 3100**

Daytime Phone #

CR2E083 (9/99)