

# 2001 UNIFORM BUSINESS REPORT (UBR)

0025541 AF

**DOCUMENT # L98000002604**

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

FILED

01 APR 25 PM 5:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8615 FLORIDA ROCK ROAD  
ORLANDO FL 32809**

Mailing Address  
**8615 FLORIDA ROCK ROAD  
ORLANDO FL 32809**



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 **59-3573426**      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

**HOFMAN, RENE  
3813 TOWNSHIP SQUARE BLVD., SUITE 114  
ORLANDO FL 32837**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR**  Delete  
NAME **HOFMANN, RENE**  
STREET ADDRESS **3813 TOWNSHIP SQUARE BLVD., SUITE 114**  
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **MGR**  Change  Addition  
NAME **HOFMANN, RENE**  
STREET ADDRESS **13633 TETHERLINE TRAIL**  
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **MGR**  Delete  
NAME **BECK, GEORGE J**  
STREET ADDRESS **5400 PARK STREET NORTH, PH-9**  
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE **500004163526**  Change  Addition  
NAME **-05/08/01--01135--020**  
STREET ADDRESS **\*\*\*\*\*50.00**  
CITY-ST-ZIP **\*\*\*\*\*50.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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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: *René Hofmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (11/00)