

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 17 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003371

1. Entity Name
~~BENASTAR, L.L.C.~~
CAPSTAR

Principal Place of Business
8365 SHADOW PINE WAY
SARASOTA FL 34238

Mailing Address
8365 SHADOW PINE WAY
SARASOTA FL 34238-5624

2. Principal Place of Business
6175 CLARK CENTER AVE.
Suite, Apt. #, etc.

3. Mailing Address
6175 CLARK CENTER AVE.
Suite, Apt. #, etc.

City & State
SARASOTA, FL
Zip **34238** Country

City & State
SARASOTA, FL
Zip **34238** Country

4. FEI Number
Applied for
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

BETTERTON, GREG A
909 SOUTH TAMIAMI TRAIL, SUITE 130
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name
Betterton, Greg A
Street Address (P.O. Box Number is Not Acceptable)
981 Ridgewood Avenue
Suite 101
City **Venice** FL Zip Code **34292**

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 _____ (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 COLLIER, PHILLIP V 8365 SHADOW PINE WAY SARASOTA FL 34238	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER THE ANDESA COMPANIES 1605 N. CEDAR CREST BLVD, SUITE 508 ALLENTOWN, PA 18104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER THE COCHLAN ORGANIZATION TWO PRUDENTIAL PLAZA, SUITE 980 CHICAGO, IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER THE PENDLETON CORPORATION 6800 PARAGON PLACE, SUITE 234 RICHMOND, VA 23230	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER COLLIER TECHNOLOGY GROUP 8365 SHADOW PINE WAY SARASOTA, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003287831--5 -06/14/00--01008--017 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Phillip V Collier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5-12-00
Date

941-921-1800
Daytime Phone #

CP2E083 (9/99)