

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LG 9 000003371**

1. Entity Name

CAPSTAR, L.L.C.

APPROVED
AND
FILED

01 JUN 14 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**8365 shadow Pine Way
Sarasota, FL 34238**

Mailing Address
**1605 N CEDAR CREST BLVD
SUITE 508
ALLENTOWN PA 18104**

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

65-1007081

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

**Betterton, Greg A
981 Ridgewood Avenue
Suite 101
Venice, FL 34292**

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 **MEMBER** ☐ Delete
NAME **THE ANDESA COMPANIES**
STREET ADDRESS **1605 N CEDAR CREST BLVD, STE 508**
CITY-ST-ZIP **ALLENTOWN, PA 18104**

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

TITLE **MEMBER** ☐ Delete
NAME **THE COCHLAN ORGANIZATION**
STREET ADDRESS **TWO PRUDENTIAL PLAZA, STE 980**
CITY-ST-ZIP **CHICAGO, IL 60601**

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

TITLE **MEMBER** ☐ Delete
NAME **THE PENDLETON CORPORATION**
STREET ADDRESS **6800 PARAGON PLACE, STE 234**
CITY-ST-ZIP **RICHMOND, VA 23230**

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

TITLE **MEMBER** ☐ Delete
NAME **COLLIER TECHNOLOGY GROUP**
STREET ADDRESS **8365 SHADOW PINE WAY**
CITY-ST-ZIP **SARASOTA, FL 34238**

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

TITLE **MGR** ☐ Delete
NAME **COLLIER, PHILLIP V**
STREET ADDRESS **8365 SHADOW PINE WAY**
CITY-ST-ZIP **SARASOTA, FL 34238**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

4/24/01 610-821-8650

CR2E083 (11/00)