

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90346 001 \*\*\*100.00

**DOCUMENT # L99000003371**

1. Entity Name  
**CAPSTAR, L.L.C.**

Principal Place of Business

**8365 SHADOW PINE WAY  
 SARASOTA FL 34238**

Mailing Address

**1605 N. CEDAR CREST BLVD., STE. 508  
 ALLENTOWN PA 18104**

2. Principal Place of Business

**6175 Clark Center Ave**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sarasota FL**

City & State

4. FEI Number **65-1007081**

Applied For  
 Not Applicable

Zip

Country

**34238**

Zip

Country

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

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ 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 **MEM** ☐ 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 **MEM** ☐ 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 **MEM** ☐ 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:

*Phillip V. Collier*

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

4-19-02

941-921-1800

Date

Daytime Phone #

CR2E083 (9/01)