2001 UNIFORM BUSINESS REPORT (UBR	2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR
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DOCUMENT # L99000004841  1. Entity Name H20 STAR, LLC						F- (1 F- F				
					FILED					
					01 FEB -8 PM 2: 00					
•	ce of Business	Mailing Address				0E00E#10V 0F	· (* 7' x 7' C''			
_	oorwill blyd. Da fl 33950	3601 WHIPPOORWILL BL PUNTA GORDA FL 33950	_			SEGRETARY OF JÄLLAHASSEE.	STATE STATE			
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2. Principal F	Place of Business	3. Mailing Address			_					
Z. Fill-cipal Flace of dusiness		3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPAC			IIS SPACE			
City & Star	te	City & State	City & State		4. FEI N	57-7683949		pplied For ot Applicable	_	
Zip	Country	Zip	Count	try .	5. Certi	ficate of Status Desired	\$5.00 Ad Fee Require	iditional ed	]	
	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Register			1	
	+ 3000 070			Name	<u> </u>		<u>.</u>			
	T, JACK O'II IR LAW FIRM			Street Address (	P.O. Box N	lumber is Not Acceptable)				
	DLYMPIA AVE.									
PUNTA C	GORDA FL 33950			City		F	Zip Cod	de		
8. The above	e named entity submits this statement fo	r the purpose of changing its	registere	d office or register	ed agent,	or both, in the State of Florida.			1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	- Registered	Agent signature required	when reinstati	ng) DAT	F			
							<u></u>		1	
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department o			f State	60000367  -02/13/01-	<b>5846</b> -01022	8				
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9. TITLE	MANAGING MEMBI	ERS/MEMBERS  Delete	10. TITLE	<del>-                                    </del>		ADDITIONS/CHANG	ES Change	☐ Addition	10	
NAME	KRESGE, RICHARD D	□ Delete	NAME	4		•	Li Change	☐ Addition	18	
STREET ADDRESS	3601 WHIPPOORWILL BLVD.			T ADDRESS					3.0	
C/TY-ST-ZIP	PUNTA GORDA FL 33950			ST-ZIP					E083 (11/00)	
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	38	
NAME STREET ADDRESS			NAME							
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CITY-ST-ZIP	ALLE I F. C.	46.5 800	CITY-S	<del></del> 1					1	
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.										
	lesona	rha predi	r FYCI	· ·		1 000 000	2- 2 :	7.	1	
SIGNATURE: 19-01 941-637-7076 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprime Phone #										