

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 25 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007040 AF

DOCUMENT # M99000000067

1. Entity Name
CASSELBERRY ASSOCIATES LLC

Principal Place of Business
C/O THE COLONY HOTEL
155 HAMMON AVENUE
PALM BEACH FL 33480

Mailing Address
C/O THE COLONY HOTEL
155 HAMMON AVENUE
PALM BEACH FL 33480-4709



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PERETZ, MITGANG & CO., LLP

303 S. Broadway, Ste. 105

City & State

City & State
Manhasset, NY 10591-5410

4. FEI Number

13-407287

APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
EDELMA, MARTIN L
75 EAST 55TH STREET
NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
CAHILL, JOHN A
75 EAST 55TH STREET
NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WTENHALL, ROBERT C
155 HAMMON AVENUE
PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
200003343142--8
-08/02/00--01009--012
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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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:

Robert C. Wtenhall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/10/00 (914)332-5393

CR2E083 (9/99)