

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000317

1. Entity Name

CIRCLE THREE DEVELOPMENT, L.C.

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Principal Place of Business

7400 ARBUCKLE CREEK RD.
SEBRING FL 33870

Mailing Address

P.O. BOX 1069
SEBRING FL 33871-1069



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0734642

Applied For

Not Applied

Zip

Country

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

WOHL, JAMES M

7400 ARBUCKLE CREEK RD.
SEBRING FL 33870

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 NAME MGRM HEARTLAND REAL ESTATE CORPORATION ☐ Delete
STREET ADDRESS 7400 ARBUCKLE CREEK RD.
CITY- ST- ZIP SEBRING FL 33870

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

TITLE NAME MGRM CIRCLE M CITRUS, INC. ☐ Delete
STREET ADDRESS 1379 N EAST VIOLA ROAD
CITY- ST- ZIP AVON PARK FL 33825

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003119872-02/01/00-01145-008
CITY- ST- ZIP *****50.00 *****50.00

TITLE NAME MGRM EXCAVATION POINT, INC. ☐ Delete
STREET ADDRESS 7944 S GEORGE BLVD
CITY- ST- ZIP SEBRING FL 33872

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #