## 2000 HNIEGEM RIIGINESS REDORT (HRR)

2000	ONIFORM BOSI	MESS REPU	<u> </u>	(ODN	<u> </u>					
DOCUMENT # L9700000317  1. Entity Name						FILED				
CIRCLE THREE DEVELOPMENT, L.C.					00 JA	00 JAN 24 PM 3: 42				
Principal Plac	o of Puninces	Mailing Address			SECRE	TARY OF STATE				
Principal Place of Business Mailing Address 7400 ARBUCKLE CREEK RD. P.O. BOX 1069				SECRETARY OF STATE TALLAHASSEE. FLORIDA						
SEBRING FL 33870 SEBRING FL 33871-1069					T HOUSE OF THE FEBRUARY AND A CONTRACT OF THE FEBRUARY CONTRACTOR OF THE FE			(14 <b>48) 94</b> 3(4)	(IJ): 188) ( <b>48</b> )	
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			./	DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FELN	lumber			plied For		
Zip Country		Zip Countr		trv		65-0734642 Not Applicable				
6. Name and Address of Current						ficate of Status Desired and Address of New Re	· ř	ee Require		
	ب با با معاوم داد داد و ساد می	negistered Agent		Name	7. 1451114	Unid Address of fice file	giotoroa A	 <b>yo</b>	<u></u>	
WOHL, JAMES M 7400 ARBUCKLE CREEK RD.				Street Address (P.O. Box Number is Not Acceptable)						
SEBRING FL 33870 ,										
8. The above named entity submits this statement for the purpose of changing its regis				City			FL	Zip Code	€	
8. The above	named entity submits this statement fol	the purpose of changing its re	egistere	a once or re	gistered agent, o	or both, in the state of Floh	ua.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: I	Registered	d Agent signature	required when reinstati	ng)	DATE			
				FEE IS \$50						
		Make Check Pays			ent of State					
9. TITLE	MANAGING MEMBE	RS/MEMBERS	10. TITLE		<u></u> - <u>-</u>	ADDITIONS/C		Change	Addition	
NAME STREET ADDRESS	HEARTLAND REAL ESTATE CORPORATION			E ET ADDRESS						
CITY-ST-ZIP	SEBRING FL 33870		CITY	- \$1 - ZIP	, <u>.</u>	നനത്താന 1	100	æ		
TITLE NAME	MGRM CIRCLE M CITRUS, INC.	☐ Delicte	HAMI	ľ		2000031 -02/01/				
STREET ADDRESS CITY-\$7-ZIP	1379 N EAST VIOLA ROAD AVON PARK FL 33825			ET ADDRESS ST-ZIP		*****5	U.UU	米米米米5 	U.UU	
TITLE	MGRM EXCAVATION POINT, INC.	☐ Delete	TITLE	<b>I</b>				Change	Addition	
*STREET ADDRESS	7944 S GEORGE BLVD SEBRING FL 33872	region in the state of the stat	* STRE	ET ADDRESS	محرب بالماري		e professional and the second		<u>.</u> .	
TITLE	OLDINING 1 E 33072	☐ Delete	TITLE	l l		^		Change	Addition	
NAME * STREET AUDRESS				ET ADDRESS		$\langle \cdot \rangle_0$				
CITY- \$T- ZIP		☐ Delets	TITLE	ST-ZIP				_ Change	Addition	
NAME STREET ADDREES			NAMI STRE	E Et address						
CITY-ST-ZIP		. Delete	CITY-	- \$T- ZIP				Change	. Additton	
NAME STREET ADDRESS			MAM	1					_	
CITY-ST-ZIP	 		CITY	87-ZIP					<u> </u>	
11. I hereby of indicated limited lial	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or rustee	this filing does not qualify for the that my signature shall have the pempowered to skecuse this re	he exer e same port as	mption stated e legal effect a required by	in Section 119.0 as if made under Chapter 608, Fic	07(3)(i), Florida Statutes. I f r oath; that I am a managir rida Statutes.	urther certi ng member	ty that the ir or manage	ntormation r of the	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER OR MANAGER  Date  Dat										