

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # 247796

1. Entity Name

CIRCLE DOT RANCH INC

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90065 008 \*\*\*150.00

Principal Place of Business

Mailing Address

BROWNING RD  
FL 3354710811 BROWNING RD  
LITHIA FL 33547  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-0921479

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSARO, ANGELO  
10811 BROWNING ROAD  
LITHIA FL 33547

Name

Street Address (P.O. Box Number is Not Acceptable)

City

10811 BROWNING RD.  
LITHIA, FL 33547

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

*Angelo Massaro*

Signature, typed or printed name of registered agent and title if applicable.

*Angelo Massaro*

(NOTE: Registered Agent signature required when registering)

4/8/00

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD PRESIDENT - DIRECTOR ☐ Delete  
 NAME MASSARO, ANGELO  
 STREET ADDRESS 10811 BROWNING RD  
 CITY-ST-ZIP LITHIA FL

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

TITLE STD SECRETARY - DIRECTOR ☐ Delete  
 NAME MASSARO, LOUIS B.  
 STREET ADDRESS 10705 BROWNING RD  
 CITY-ST-ZIP LITHIA FL

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE TREASURER - DIRECTOR ☐ Delete  
 NAME PAUL ANGELO MASSARO  
 STREET ADDRESS 10811 BROWNING RD  
 CITY-ST-ZIP LITHIA, FL

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Angelo Massaro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*ANGELO MASSARO*  
 Date

813/689-7546  
 Daytime Phone #

CR2E034 (9/99)