

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 380214

1. Entity Name

CIRCLE REALTY COMPANY

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90162 010 \*\*\*150.00

Principal Place of Business 1950 COURTNEY DR STE 204 FORT MYERS FL 33901 US	Mailing Address 1950 COURTNEY DR STE 204 FORT MYERS FL 33901-9028 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1365399</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDMAN, CAROL  
1950 COURTNEY DR  
STE 204  
FORT MYERS FL 33901

Name <b>MCMILLIN, JOHN W.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1950 COURTNEY DR.</b>
<b>SUITE #204</b>
City <b>FORT MYERS, FL 33901</b> FL Zip Code <b>33901</b>

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 <i>John W. McMillin</i> Signature, typed or printed name of registered agent and title if applicable.	<b>JOHN W. MCMILLIN</b> (NOTE: Registered Agent signature required when reinstating)	<b>4-20-00</b> DATE
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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 NAME STREET ADDRESS CITY-ST-ZIP	VP LINDMAN, CAROL 1950 COURTNEY DR, #204 FORT MYERS FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCMILLIN, JOHN W 1950 COURTNEY DRIVE #204 FORT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>John W. McMillin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>JOHN W. MCMILLIN</b>	<b>4-20-00</b> Date	<b>941-936-6464</b> Daytime Phone #
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CR2E034 (9/99)