

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90129 012 ****61.25

DOCUMENT # 709573

1. Entity Name

CIRCLE M RANCHETTES RECREATION AND BEAUTIFICATIO

Principal Place of Business

11821 N. CIRCLE M AVE
P. O. BOX 1493
DUNNELLON FL 34430

Mailing Address

11821 N. CIRCLE M AVE
P. O. BOX 1493
DUNNELLON FL 34430

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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

59-2603438

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALLEN, BARRY R
10099 N CAMAE POINT
DUNNELLON FL 34433

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.

BARRY R. ALLEN

SIGNATURE

Barry R. Allen

1-18-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VICE PRESIDENT** ☐ Delete
NAME **FOSTER, WOODY**
STREET ADDRESS **10397 N RANCHHAND AVE**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CAROL L. ALLEN**
STREET ADDRESS **10099 N. CAMAE POINT**
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **PRESIDENT** ☐ Delete
NAME **ALLEN, CAROL**
STREET ADDRESS **10099 N CAMAE POINT**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **WOODY FOSTER**
STREET ADDRESS **10397 N. RANCHHAND AVE**
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **S** ☐ Delete
NAME **IACINO, MARY**
STREET ADDRESS **10463 N PARKWOOD AVE**
CITY-ST-ZIP **DUNNELLON FL 34433**

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

TITLE **T** ☒ Delete
NAME **CARPENTER, DONNA**
STREET ADDRESS **3954 W WOODLAWN**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **TREASURER** ☐ Change ☒ Addition
NAME **LYDIA LUTES**
STREET ADDRESS **10981 N. CIRCLE M AVE**
CITY-ST-ZIP **DUNNELLON, FL 34433**

TITLE **D** ☐ Delete
NAME **COX, LIL**
STREET ADDRESS **5940 W OAK HILL ST**
CITY-ST-ZIP **DUNNELLON FL 34433**

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

TITLE **D** ☒ Delete
NAME **CARPENTER, GARY**
STREET ADDRESS **3954 W WOODLAWN STREET**
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **D** ☐ Change ☒ Addition
NAME **CARMEN IACINO**
STREET ADDRESS **10463 N PARKWOOD AVE**
CITY-ST-ZIP **DUNNELLON, FL 34433**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARPENTER, DONNA** **SIGNATURE REQUIRED** **ALLEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01 (352) 489-7422

Date

Daytime Phone #

CR2E037 (10/00)