

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90340 045 \*\*\*\*61.25

**DOCUMENT # 709573**

1. Entity Name

**CIRCLE M RANCHETTES RECREATION AND BEAUTIFICATION ASSOCIATION, INC.**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2603438

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

**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.

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 \$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 **VP** ☐ Delete  
NAME **FOSTER, WOODY**  
STREET ADDRESS **10397 N RANCH HAND AVE**  
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **CHESTER KELLEY**  
STREET ADDRESS **10940 N. MANHATTAN PT.**  
CITY-ST-ZIP **DUNNELLON, FL. 34433**

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

TITLE **V.P.** ☒ Change ☐ Addition  
NAME **WOODY FOSTER**  
STREET ADDRESS **10397 N. RANCH HAND 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 **S** ☐ Change ☐ Addition  
NAME **MARY IACINO**  
STREET ADDRESS **10463 N. PARKWOOD AVE.**  
CITY-ST-ZIP **DUNNELLON, FL. 34433**

TITLE **T** ☐ Delete  
NAME **LUTES, LYDIA**  
STREET ADDRESS **10981 N CIRCLE M AVE.**  
CITY-ST-ZIP **DUNNELLON FL 34433**

TITLE **T.** ☐ 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 **D.** ☐ Change ☒ Addition  
NAME **BOBBY YAWS**  
STREET ADDRESS **11525 N. CIRCLE M. AVE.**  
CITY-ST-ZIP **DUNNELLON, FL. 34433**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **FLORENCE BRAHAM**  
STREET ADDRESS **10520 N. RANCH HAND 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

*Lydia Lutes*  
**LYDIA LUTES**

4-15-02

Date

352-489-2266

Daytime Phone #

CR2E037 (9/01)