

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90075 049 ****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

**ALLEN, BARRY R
10099 N CAMAE POINT
DUNNELLON FL 34433**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3-3-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, WOODY	
STREET ADDRESS	10397 N RANCHHAND AVE	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, CHESTER	
STREET ADDRESS	10940 N MANHATTAN PT	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	IACINO, MARY	
STREET ADDRESS	10463 N PARKWOOD AVE	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LUTES, LYDIA	
STREET ADDRESS	10981 N CIRCLE M AVE.	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YAWS, BOBBY	
STREET ADDRESS	11525 N CIRCLE M AVE	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRAHAM, FLORENCE	
STREET ADDRESS	10520 N RANCH HAND AVE	
CITY-ST-ZIP	DUNNELLON FL 34433	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY R. ALLEN	
STREET ADDRESS	10099 N. CAMAE PT,	
CITY-ST-ZIP	DUNNELLON, FL. 34433	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTY KARDAMIS	
STREET ADDRESS	3954 W. WOODLAWN ST.	
CITY-ST-ZIP	DUNNELLON, FL. 34433	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTORIA KARDAMIS	
STREET ADDRESS	3954 W. WOODLAWN ST,	
CITY-ST-ZIP	DUNNELLON, FL. 34433	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA L. CARPENTER	
STREET ADDRESS	1680 W. EVERGREEN DR.	
CITY-ST-ZIP	DUNNELLON, FL. 34434	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESTER KELLEY	
STREET ADDRESS	10940 N. MANHATTAN PT,	
CITY-ST-ZIP	DUNNELLON, FL. 34433	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL ALLEN	
STREET ADDRESS	10099 N. CAMAE PT	
CITY-ST-ZIP	DUNNELLON, FL 34433	

CR2E037 (10/02)

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3-3-03