

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90205 023 ****61.25

0013228

DOCUMENT # 722080

1. Entity Name

CIRCLE COMMUNITY CHURCH, INC.

Principal Place of Business

**2200 PEMBROOK DR
 ORLANDO FL 32810
 US**

Mailing Address

**2200 PEMBROOK DR
 ORLANDO FL 32281
 US**

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

23-7168662

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

**HOFFMANN, RON
 1273 CARDINAL CT
 ALTAMONTE SPRINGS FL 32714**

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 **PD** ☐ Delete
 NAME **LISECH, HOWARD**
 STREET ADDRESS **2100 RED GATE RD.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Robertson, Phillip**
 STREET ADDRESS **808 Grandview Avenue**
 CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **D** ☐ Delete
 NAME **HOFFMANN, P. R III**
 STREET ADDRESS **1273 CARDINAL CT**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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

TITLE **STD** ☐ Delete
 NAME **BERG, JEFFREY**
 STREET ADDRESS **7335 COOK LANE**
 CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **D** ☒ Delete
 NAME **JULIN, STAN**
 STREET ADDRESS **1776 BLACKWOOD AVE**
 CITY-ST-ZIP **GOTHA FL 34734**

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

TITLE **D** ☐ Delete
 NAME **VAN, VLIET D**
 STREET ADDRESS **716 PANAMA PL**
 CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **D** ☐ Delete
 NAME **GABLE, GORDON**
 STREET ADDRESS **2075 HUNTERFIELD RD**
 CITY-ST-ZIP **MAITLAND FL**

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

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 officers empowered.

Jeffrey W. Berg,

SIGNATURE:

SIGNATURE REQUIRED

der/Treasurer

(407)660-3000

CR2E037 (9/01)