

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744116

1. Entity Name

CIRCLE OF GOD, INC.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90021 005 \*\*\*\*61.25

Principal Place of Business

20510 OBERLY PKWY  
ORLANDO FL 32833

Mailing Address

20510 OBERLY PKWY  
ORLANDO FL 32833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

CHRISTENSEN, R.M. DR  
5009 PELLEPORT AVE.  
ORLANDO FL 32812

Name

R.M. Christensen

Street Address (P.O. Box Number is Not Acceptable)

20510 Oberly Pkwy.

City

Orlando

FL

Zip Code  
32833

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 R.M. Christensen

7-6-2000

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**  
**After September 13, 2000 min. will be \$236.25**

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 CHRISTENSEN, R.M.(DR)  
STREET ADDRESS 5009 PELLEPORT AVE.  
CITY-ST-ZIP ORLANDO FL 32812

TITLE PD ☒ Change ☐ Addition  
NAME Christensen, R.M. Dr.  
STREET ADDRESS 20510 Oberly Pkwy.  
CITY-ST-ZIP Orlando, FL 32833

TITLE STD ☐ Delete  
NAME CHRISTENSEN, BEATRICE  
STREET ADDRESS 5009 PELLEPORT AVE.  
CITY-ST-ZIP ORLANDO FL 32812

TITLE STD ☒ Change ☐ Addition  
NAME Christensen, Beatrice  
STREET ADDRESS 20510 Oberly Pkwy.  
CITY-ST-ZIP Orlando, FL 32833

TITLE VPD ☐ Delete  
NAME REID, GAIL G.  
STREET ADDRESS 20817 ORTEGA ST  
CITY-ST-ZIP ORLANDO FL 32833

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

TITLE D ☐ Delete  
NAME MCCALL, K.A.  
STREET ADDRESS 19104 SUGARLOAF MTN RD  
CITY-ST-ZIP CLERMONT FL 34711

TITLE D ☒ Change ☐ Addition  
NAME McCall, K.A.  
STREET ADDRESS 603 S.Palm Ave.  
CITY-ST-ZIP Howey in the Hills, FL 34737

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

7-6-2000

SIGNATURE:

**SIGNATURE REQUIRED**

407-568-0083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)