

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 758673**

1. Entity Name

FULL CIRCLE CO-OP, INC.**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90010 022 ****61.25

Principal Place of Business

**96 NW 6TH AVE
BOCA RATON FL 33432**

Mailing Address

**4563 BRADY BLVD.
DELRAY BCH FL 33445-3244
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

NOT APPLICABLE

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****RAIMAN, MICHAEL
4563 BRADY BLVD.
DELRAY BEACH FL 33445-3244**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|------------------------|--------------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| VD | MARSHALL, STEVE | 551 N MILITARY TRAIL | WEST PALM BCH FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| PD | PILATO, MARIE | 98 NW 6TH AVENUE | BOCA RATON FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| SD | STREET, LORIANNE | 254 NW 6TH AVE | BOCA RATON FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| T | LEAVITT, ELISA | 21030 COUNTRY CREEK DR | BOCA RATON FL | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D | RAIMAN, MICHAEL | 4563 BRADY BLVD. | DELRAY BCH FL 33445-3244 | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/24/2000
Date561-496-1112
Daytime Phone #

CR2E037 (9/99)