

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90127 013 \*\*\*\*61.25

80134678



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 758673**

1. Entity Name

**FULL CIRCLE CO-OP, INC.**

Principal Place of Business

Mailing Address

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

**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

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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 ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **MARSHALL, STEVE**  
 CITY-ST-ZIP **551 N MILITARY TRAIL  
 WEST PALM BCH FL**

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **PILATO, MARIE**  
 CITY-ST-ZIP **98 NW 6TH AVENUE  
 BOCA RATON FL**

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **STREET, LORIANNE**  
 CITY-ST-ZIP **254 NW 6TH AVE  
 BOCA RATON FL**

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

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **LEAVITT, ELISA**  
 CITY-ST-ZIP **21030 COUNTRY CREEK DR  
 BOCA RATON FL**

TITLE ☐ Change ☒ Addition  
 NAME **T Lynn Officer**  
 STREET ADDRESS **4563 Brady Blvd.**  
 CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **RAIMAN, MICHAEL**  
 CITY-ST-ZIP **4563 BRADY BLVD.  
 DELRAY BCH FL 33445-3244**

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.

SIGNATURE: *Michael Raiman* 8/12/02 561-496-1112

CR2E037 (4/02)