

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001515**

1. Entity Name

FULL CIRCLE INVESTMENTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

Mailing Address

**595 NORTH COURTENAY PKY
MERRITT ISLAND, FL. 32953**

2. Principal Place of Business

7257 NW 4th BLVD

Suite, Apt. #, etc.

#36

3. Mailing Address

7257 NW 4th BLVD

Suite, Apt. #, etc.

#36

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. FEI Number

59-3603529

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TRINITY, STEPHENAS
595 NORTH COURTENAY PKY.
MERRITT ISLAND, FL. 32953**

7. Name and Address of New Registered Agent

Name

PHIL BEVERLY, JR.

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

408 W. UNIVERSITY AVE.

SUITE 500

City

GAINESVILLE

FL

Zip Code

32601-5289

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

4/27/00

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100.00

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**TRI-FUNDING GROUP, INC.
595 NORTH COURTENAY PKY.
MERRITT ISLAND, FL. 32953**

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

**7257 NW 4th BLVD #36
GAINESVILLE, FL. 32607**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS
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*******150.00 *****150.00**

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Trinity Pres. of General Partner 4-27-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)