

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005521

1. Entity Name

CIRCLE B ENTERPRISES, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90012 021 ***150.00

Principal Place of Business

Mailing Address

731 N. MAIN ST.
SIKESTONE MO 63801

731 N. MAIN ST.
SIKESTONE MO 63801-2176

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

43-1236566

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BEDELL, DON C	
STREET ADDRESS	118 W. NORTH ST.	
CITY-ST-ZIP	SIKESTONE MO 63801	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEDELL, DONALD B	
STREET ADDRESS	123 GREENBRIER	
CITY-ST-ZIP	SIKESTONE MO 63801	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARNES, JUDITH A	
STREET ADDRESS	RT 1 BOX 152	
CITY-ST-ZIP	CHARLESTON MO 63834	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LONNIE, HASTY G CPA	
STREET ADDRESS	731 N MAIN ST	
CITY-ST-ZIP	SIKESTON MO	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEDELL, BRYAN R	
STREET ADDRESS	123 FOUST	
CITY-ST-ZIP	SIKESTON MO 63801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2000

Date

573-471-1276

Daytime Phone #

CR2E034 (9/99)