

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010936

1. Entity Name

CIRCLE RB RANCH, LLC

FILED
Sep 15, 2002 8:00 am
Secretary of State

03-07-2002 90039 036 *****50.00

09-15-2002 90090 041 *****55.00

Principal Place of Business

5150 EWING ROAD
 BARTOW FL 33830

Mailing Address

5150 EWING ROAD
 BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

261-46-0430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SULENTIC, BETTY O
13904 GREENVIEW DRIVE
WEST PALM BEACH FL 33418

7. Name and Address of New Registered Agent

Name

Bobby Shiver

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

232 N.W. 15th St.

City

Homestead

FL

Zip Code

33030

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

(NOTE: Registered Agent signature required when reinstating)

September 10, 2002

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGRM
Betty O. Sulentic Estate
232 N.W. 15th St.
Homestead, FL 33030

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGR
Bobby Shiver
232 N.W. 15th St.
Homestead, FL 33030

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGR
Thomas A. Killoren
120 W. State St., STE 400
Rockford, IL 61101

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Thomas A. Killoren, Manager
SIGNATURE: [Signature]

September 9, 2002 (815) 987-4040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)