# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**    L97000000304

**1. Entity Name**
CIRCLE L HOLDINGS, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 2801 FRUITVILLE RD | 2801 FRUITVILLE RD |
| SUITE 100 | SUITE 100 |
| SARASOTA FL 34237 | SARASOTA FL 34237 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip   Country | Zip   Country |

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number** 65-0736716

Applied For / Not Applicable

**5. Certificate of Status Desired** ☐   **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HRIC, MICHAEL<br>2801 FRUITVILLE RD<br>SUITE 100<br>SARASOTA FL 34237 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 $50.00**
**Make Check Payable to Department of State**

**9.**    MANAGING MEMBERS/MEMBERS    **10.**    ADDITIONS/CHANGES

| | MANAGING MEMBERS/MEMBERS | Delete | | 10. | | Change | Addition |
|---|---|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LYNN, JESSE J<br>6907 RIVER BIRCH COURT<br>BRADENTON FL, 34202 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>LYNN, LARA A<br>6907 RIVER BIRCH COURT<br>BRADENTON FL, 34202 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 500003602015<br>-01/30/01--01089--005<br>*****50.00   *****50.00 | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | | ☐ Change | ☐ Addition |

CR2E083 (11/00)

**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.

**SIGNATURE:** _____ Jesse S. Lynn _____ 1/15/01   941-358-6071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #