

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90061 047 \*\*\*\*50.00

**DOCUMENT # L97000000304**

1. Entity Name

**CIRCLE L HOLDINGS, L.C.**

Principal Place of Business

**2801 FRUITVILLE RD  
 SUITE 100  
 SARASOTA FL 34237**

Mailing Address

**2801 FRUITVILLE RD  
 SUITE 100  
 SARASOTA FL 34237**

004004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0736716**

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

7. Name and Address of New Registered Agent

**HRIC, MICHAEL  
 2801 FRUITVILLE RD  
 SUITE 100  
 SARASOTA FL 34237**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **LYNN, JESSE J**  
 CITY-ST-ZIP **6907 RIVER BIRCH COURT  
 BRADENTON FL**

TITLE ☒ Change ☐ Addition  
 NAME **LYNN, JESSE J.**  
 STREET ADDRESS **4140 Brookpointe Court**  
 CITY-ST-ZIP **Sarasota, FL 34238**

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **LYNN, LARA A**  
 CITY-ST-ZIP **6907 RIVER BIRCH COURT  
 BRADENTON FL**

TITLE ☒ Change ☐ Addition  
 NAME **LYNN, LARA A.**  
 STREET ADDRESS **4140 Brookpointe Court**  
 CITY-ST-ZIP **Sarasota, FL 34238**

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 STREET ADDRESS  
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 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED: JESSE J. LYNN**

**2-11-02 941-966-4232**

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

Date

Daytime Phone #

CR2E083 (9/01)