

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007424

1. Entity Name
CIRCLE B NURSERY, L.L.C.

APPROVED
AND
FILED

00 APR 18 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

2. Principal Place of Business

2204 DOGWOOD CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

2204 DOGWOOD CIRCLE

Suite, Apt. #, etc.

City & State

MOUNT DORA, FL

Zip

32757

Country

USA

City & State

MOUNT DORA, FL

Zip

32757

Country

USA

MNM

4. FEI Number

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

HANLON, M. TIMOTHY
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME BAROUSSE, LARRY III
STREET ADDRESS 2204 Dogwood Circle
CITY-ST-ZIP MT. DORA, FL 32757

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 600003238556
CITY-ST-ZIP -05/03/00--01148--013
*****50.00 *****50.00

TITLE MGRM ☐ Delete
NAME BAROUSSE, MARY PAT
STREET ADDRESS 2204 Dogwood Circle
CITY-ST-ZIP MT. DORA, FL 32757

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-10-00

561-793-8897

CR2E083 (9/99)