

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007424

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

FILED

01 APR 27 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2204 DOGWOOD CIRCLE
MONT DORA FL 32757

Mailing Address
2204 DOGWOOD CIRCLE
MONT DORA FL 32757



DO NOT WRITE IN THIS SPACE

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

59-3654685

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004218028-3
-05/15/01-01109-002
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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.

SIGNATURE:

[Signature]

2-09-01

352-483-6881

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

Date

Daytime Phone #

CR2E083 (11/00)

0004876 AF