

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007925**

1. Entity Name

CIRCLE N LAND & CATTLE COMPANY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18

Principal Place of Business

1282 WEATHERLY SWITCH TRAIL
CLEVELAND TN 37311

Mailing Address

1282 WEATHERLY SWITCH TRAIL
CLEVELAND TN 37311-8384



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

58-2506149

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

**FOSTER, WILLIAM S
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547**

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 MGRM
STREET ADDRESS NUNN, ROBERT P
CITY- ST- ZIP 1282 WEATHERLY SWITCH TRAIL
CLEVELAND TN 37311 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
400003127114--?
-02/08/00-01049-020
*******50.00 *****50.00**

TITLE NAME MGRM
STREET ADDRESS NUNN, PAIGE E
CITY- ST- ZIP 1282 WEATHERLY SWITCH TRAIL
CLEVELAND TN 37311 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP ☐ 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 REQUIRED

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

Date

Daytime Phone #