

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90338 017 ****61.25

DOCUMENT # NO1000004163

1. Entity Name

FULL CIRCLE COMMUNITY SCHOOL CORPORATION

Principal Place of Business

Mailing Address

1548 SUGARWOOD CIR
WINTER PARK FL 32792

1548 SUGARWOOD CIR
WINTER PARK FL 32792

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

59-3725264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GULDI, JAMES K
1548 SUGARWOOD CIR
WINTER PARK FL 32792

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GULDI, JAMES K
STREET ADDRESS 1548 SUGARWOOD CIR
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE D ☐ Delete
NAME GULDI, PAMELA K
STREET ADDRESS 1548 SUGARWOOD CIR
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE D ☒ Delete
NAME MANCIA, CHRISTINA
STREET ADDRESS 1008 RIVIERA BLVD
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Change ☒ Addition
NAME Risa Cole - Director
STREET ADDRESS 413 Longshadows Ct.
CITY-ST-ZIP Winter Springs FL 32708

TITLE D ☐ Delete
NAME STANBERRY, AMY
STREET ADDRESS 1002 WILLA LAKE CIR
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Elisabeth Basquez
STREET ADDRESS 1103 Marcus Court
CITY-ST-ZIP Winter Springs FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Susan Oolamore
STREET ADDRESS 2224 Red Ember Rd.
CITY-ST-ZIP Oviedo FL 32765

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02 407-492-3416
Date Daytime Phone #

CR2E037 (9/01)