

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90100 042 ****61.25

DOCUMENT # N01000004163

1. Entity Name
FULL CIRCLE COMMUNITY SCHOOL CORPORATION



Principal Place of Business

**1548 SUGARWOOD CIR
WINTER PARK FL 32792**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GULDI, JAMES K | |
| STREET ADDRESS | 1548 SUGARWOOD CIR | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GULDI, PAMELA K | |
| STREET ADDRESS | 1548 SUGARWOOD CIR | |
| CITY-ST-ZIP | WINTER PARK FL 32792 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COLE, RISA | |
| STREET ADDRESS | 413 LONGSHADOWS COURT | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | STANBERRY, AMY | |
| STREET ADDRESS | 1002 WILLA LAKE CIR | |
| CITY-ST-ZIP | OVEDO FL 32765 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BASQUEZ, ELISABETH | |
| STREET ADDRESS | 1103 MARCUS COURT | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DOLAMORE, SUSAN | |
| STREET ADDRESS | 2224 RED EMBER ROAD | |
| CITY-ST-ZIP | OVEDO FL 32765 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 REQUIRED
James K Galdi Director 4/7/03

407 492
3416

CR2E037 (10/02)