

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90010 033 ****61.25

DOCUMENT # N44346

1. Entity Name

ANNA MILLER CIRCLE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2114
STUART FL 34995

P.O. BOX 2114
STUART FL 34995-2114

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

59-0712784

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

DALHOVER, MARIE
6558 SE HELD CT.
STUART FL 34997

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 **TRD** ☒ Delete
NAME **HACZYNSKI, HELEN**
STREET ADDRESS **533 N.W. PLACID AVE**
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **TRD** ☒ Change ☐ Addition
NAME **MARSHA WATTS**
STREET ADDRESS **8398 SE SWAN AVENUE**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **TRD** ☒ Delete
NAME **ISON, DOROTHEA**
STREET ADDRESS **2549 NE MISSION DR B-7 A-2**
CITY-ST-ZIP **JENSEN BEACH FL 34957**

TITLE **TRD** ☒ Change ☐ Addition
NAME **VERNA LIBKE**
STREET ADDRESS **4300 SE ST LUCIE BLVD #182**
CITY-ST-ZIP **STUART, FL 34997**

TITLE **TD** ☐ Delete
NAME **MOSTEIKO, JANICE**
STREET ADDRESS **1817 S.E. DRANSON CIR**
CITY-ST-ZIP **PORT ST LUCIE FL**

TITLE **TD/SD** ☒ Change ☐ Addition
NAME **JANICE MOSTEIKO**
STREET ADDRESS **1817 SE DRANSON CIRCLE**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **VD** ☐ Delete
NAME **WESTON, CAROLE**
STREET ADDRESS **775 S.E. SALERNO RD**
CITY-ST-ZIP **STAURT FL**

TITLE **VD** ☒ Change ☐ Addition
NAME **JUNE O'DONNELL**
STREET ADDRESS **7395 SE INDEPENDENCE AVE**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **PD** ☐ Delete
NAME **DALHOVER, MARIE**
STREET ADDRESS **6558 SE HELD CT**
CITY-ST-ZIP **STUART FL 34997**

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

TITLE **SD** ☒ Delete
NAME **WATTS, BEVERLY**
STREET ADDRESS **7510 SE EAGLE AVE**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **TRD** ☐ Change ☐ Addition
NAME **GLADYS PITTMAN**
STREET ADDRESS **8278 SE PINE CIRCLE**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

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.

JANICE MOSTEIKO

SIGNATURE:

Janice Mosteiko **Secretary/Treasurer** **9/8/00** **561-465-8282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)