

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50120

1. Entity Name

THE CIRCLE "C" SUBDIVISION HOMEOWNERS' ASSOCIATI

Principal Place of Business

15057 - 16TH DR., E.
BRADENTON FL 34202-9329
US

Mailing Address

15057 16TH DR., E.
BRADENTON FL 34202-9329
US

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

65-0493623

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

STRAITS, THOMAS W
15057 16TH DR., E.
BRADENTON FL 34202

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 *Thomas W Straits*
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 DP ☐ Delete
NAME STRAITS, THOMAS W.
STREET ADDRESS 15057 16TH DRIVE EAST
CITY-ST-ZIP BRADENTON FL

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

TITLE DV ☐ Delete
NAME DILL, JOHN
STREET ADDRESS 14857 16TH DRIVE EAST
CITY-ST-ZIP BRADENTON FL

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

TITLE DT ☐ Delete
NAME STRAITS, LORI C.
STREET ADDRESS 15057 16TH DRIVE EAST
CITY-ST-ZIP BRADENTON FL

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

TITLE DS ☒ Delete
NAME KEVORKIAN, MARIE
STREET ADDRESS 14957 16TH DRIVE EAST
CITY-ST-ZIP BRADENTON FL

TITLE ☒ Change ☐ Addition
NAME Bob Wadsworth
STREET ADDRESS 14957 16th Drive East
CITY-ST-ZIP Bradenton, FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Thomas W Straits*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

Date

Daytime Phone #

941 748 5667

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90315 042 ****61.25