

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90004 018 ***150.00

DOCUMENT # P13013

1. Entity Name

THE CIRCUS GROUP CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 Boothe Circle

3. Mailing Address

1900 Boothe Circle

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.
Suite 104

DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL 32750

City & State

Longwood, Florida 32750

4. FEI Number

59-2759636

Applied For

Not Applicable

Zip
32750

Country
USA

Zip
32750

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Levine, William

Street Address (P.O. Box Number is Not Acceptable)

1900 Boothe Circle, Ste 104

City Longwood

FL

Zip Code
32750

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
James J. Bolz
14800 San Pedro, Suite 310
San Antonio, TX 78232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
William Levine
14800 San Pedro, Suite 310
San Antonio, TX 78232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Assistant Secretary
Russell Cunningham
14800 San Pedro, Suite 310
San Antonio, TX 78232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 210 490-912
Date Daytime Phone #

CP2E034B (12/01)