

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90365 001 *1,650.00

DOCUMENT # P93000009694

1. Entity Name

KIWI CIRCLE, INC.

Principal Place of Business

**2521 COUNTY ROAD. 415A
 SANFORD FL 32771**

Mailing Address

**2521 COUNTY ROAD. 415A
 SANFORD FL 32771**

2. Principal Place of Business

2521 S.R. 415

Suite, Apt. #, etc.

3. Mailing Address

2521 S.R. 415

Suite, Apt. #, etc.

City & State

SANFORD, FL.

City & State

SANFORD, FL.

4. FEI Number

59-3163765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BERGMANN, ROLF
 2521 COUNTY ROAD, 415A
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name **BERGMANN, ROLF**

Street Address (P.O. Box Number is Not Acceptable)
2521 S.R. 415

City **SANFORD**

FL

Zip Code **32771**

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

Rolf Bergmann

4-25-02

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **PDS** ☐ Delete
 NAME **BERGMANN, ROLF**
 STREET ADDRESS **2521 COUNTY ROAD, #415A**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **CD** ☐ Delete
 NAME **SCHEVELING, ELIZABETH D**
 STREET ADDRESS **736 KIWI CIRCLE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VPD** ☐ Delete
 NAME **SCHEVELING, MARTIN J**
 STREET ADDRESS **736 KIWI CIRCLE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Change ☐ Addition
 NAME **BERGMANN, ROLF**
 STREET ADDRESS **2521 S.R. 415**
 CITY-ST-ZIP **SANFORD, FL 32771**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rolf Bergmann, PRES. 4-25-02 407-328-8285

CR2E034 (9/01)