

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081114

1. Entity Name
CIRCLES OF FUN, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90022 006 ***150.00

Principal Place of Business Mailing Address
201 S FLORIDA AVE P O BOX 2597
LAKELAND FL 33801 LAKELAND FL 33806-2597

2. Principal Place of Business 3. Mailing Address
453 Southfork Dr NE Suite, Apt. #, etc.

City & State City & State
Lakeland, FL Zip Country
33813 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3349059 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
SHIVERS, JEFFREY S
201 S FLORIDA AVE
LAKELAND FL 33801
Name
453 Southfork Dr NE
City Lakeland FL 33813

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]* DATE 04/30/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIVERS, JEFFREY S		NAME	453 Southfork Dr NE	
STREET ADDRESS	201 S FLORIDA AVE		STREET ADDRESS	Lakeland, FL 33813	
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHIVERS, LORI H		NAME	453 Southfork Dr NE	
STREET ADDRESS	201 S FLORIDA AVE		STREET ADDRESS	Lakeland, FL 33813	
CITY-ST-ZIP	LAKELAND FL 33801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE 04/30/00 (863) 2098299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)