

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076672

1. Entity Name
CIRCLE Y, INC.

Principal Place of Business
2860 BOGGY CREEK ROAD
KISSIMMEE FL 34744

Mailing Address
2860 BOGGY CREEK ROAD
KISSIMMEE FL 34744

2. Principal Place of Business
4119 Neptune Road
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 701324
Suite, Apt. #, etc.

City & State
St. Cloud, FL

City & State
St. Cloud, FL

Zip Country
34769 USA

Zip Country
34770-1324 USA

4. FEI Number 65-0814480

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

YATES, LORI
3645 CHAPLAIN ROAD
SAINT CLOUD FL 34772

Name
Steve Miles
Street Address (P.O. Box Number is Not Acceptable)
100 Church Street
City Kissimmee, FL Zip Code 34741

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

2/1/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP YATES, HENRY C JR. 3645 CHAPLAIN RD ST. CLOUD FL 34772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/01 407-344-2323

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90315 005 ***158.75

916596



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)