

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022107 AF

**DOCUMENT # L00000005718**

1. Entity Name  
**ROBERT P. HORN LLC**

**FILED**  
01 MAR 15 PM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1605 MAIN STREET, SUITE 912  
SARASOTA FL 34236

Mailing Address  
1605 MAIN STREET, SUITE 912  
SARASOTA FL 34236

2. Principal Place of Business  
**306 GOLDEN GATE PT**

3. Mailing Address  
**306 GOLDEN GATE PT**

Suite, Apt. #, etc.  
**APT 4**

Suite, Apt. #, etc.  
**APT 4**

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

Zip Country  
**34236**

Zip Country  
**34236**

4. FEI Number  
**65-1009166**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SCOVILL, H. W**  
1605 MAIN STREET, SUITE 912  
SARASOTA FL 34236

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

**9. MANAGING MEMBERS / MEMBERS**

**10. ADDITIONS / CHANGES**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ROBERT HORN 1370 HARBOR DR SARASOTA, FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER RICHARD WATERMEIER 306 GOLDEN GATE PT SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400003888454--6</b> -03/20/01--01078--015 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard Watermeier **RICHARD WATERMEIER** 3/7/01 741-331-4320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)