

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000055671
1. Entity Name
Horizon Pointe Realty Corp

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 21 PM 3:32

Principal Place of Business
Mailing Address

2. Principal Place of Business
Horizon Pointe
Suite, Apt. #, etc.
4900 N. MADILL AVE
City & State
Tampa FLA

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip
33614
Country
HULLS

4. FEI Number
59-3652778
Applied For
Not Applicable

8. Name and Address of Current Registered Agent
LEE C. SCHMACHTENBERG
1533 Sunset Drive
Suite 201
CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

9. 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 based on printed name of registered agent and fee filer (applicant). (NOTE: Registered Agent signature required when appropriate) DATE

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 may be Added to Fees

11. OFFICERS AND DIRECTORS
TABLE with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for STEVEN GREEN, President, 405 Tarrytown Rd #401, White Plains NY 10607.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TABLE with columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes handwritten entry: 800004711148 -12/06/01--01026

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 by executive order 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 persons empowered.

SIGNATURE: _____
SIGNATURE FULL-TYPE: THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR