

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90107 040 ***150.00

DOCUMENT # P99000091377

1. Entity Name

HORIZON BANK

Principal Place of Business 901 53RD AVE EAST BRADENTON FL 34203	Mailing Address 901 53RD AVE EAST BRADENTON FL 34203-4801
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0926863** Applied For Not Applied

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____

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 _____

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, 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 BENNETT, THOMAS C JR 6144 9TH AVE CIR NE BRADENTON FL 34202	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> *****
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete SCHERER, DAVID K 4239 63RD ST WEST BRADENTON FL 34209	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> *****
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete CONOLEY, CHARLES S 3005 26TH ST W SUITE C BRADENTON FL 34203	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> *****
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete SHACKELFORD, BRUCE E 1205 28TH AVE & HIGHWAY 30 ELLENTON FL 34222	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> *****
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GLASGOW, MICHAEL S 1209 44TH AVE E BRADENTON FL 34203	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> *****
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete TURNER, MARY A 2504 64TH ST CT E BRADENTON FL 34208	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> *****
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: Bernice Egelund Bernice Egelund 1-18-00 941 753 211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #