

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 214789

1. Entity Name

HORAN'S, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90001 033 ***150.00

Principal Place of Business

2875 S WOODLAND BLVD

P O BOX 3368

DELAND FL 32720

US

Mailing Address

P.O. BOX 1526

DELAND FL 32721-1526

US

LUU19466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2875 S. Woodland Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deland, Fl.

City & State

4. FEI Number

59-0858839

Applied For

Not Applicable

Zip

Country

32720

Zip

Country

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

RICHARD B. HORAN

555 N. KANSAS AVENUE

DELAND FL 32724

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ Delete
NAME VD
STREET ADDRESS HORAN, RICHARD B
CITY-ST-ZIP 555 N. KANSAS AVE.
DELAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS ROBERT E. HORAN
CITY-ST-ZIP 1864 VINELAND LANE
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS JOHNSON, PATRICIA H.
CITY-ST-ZIP 3830 BRANTON DR
OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS HORAN, J DUANE
CITY-ST-ZIP 901 E. PENNSYLVANIA AVE.
DELAND, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Richard B. Horan 2-2-2000 904-776-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #