

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

0074064 AV

**DOCUMENT # 214789**

1. Entity Name

**HORAN'S, INC.**

02-14-2002 90010 012 \*\*\*150.00

Principal Place of Business

**2875 S WOODLAND BLVD  
 DELAND FL 32720  
 US**

Mailing Address

**P.O. BOX 1526  
 DELAND FL 32721  
 US**



2. Principal Place of Business

**555 N. Kansas Ave**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Deland, FL**

City & State

4. FEI Number

**59-0858839**

Applied For

Not Applicable

Zip

**32724**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RICHARD B. HORAN  
 555 N. KANSAS AVENUE  
 DELAND FL 32724**

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

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, 2002 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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-29-02 386-734-7522**

CR2E034 (9/01)