

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 330509

1. Entity Name

HORIZON HOMES PROPERTIES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90100 039 ***150.00

Principal Place of Business

Mailing Address

265 S FEDERAL HIGHWAY
SUITE ~~270~~ 290
DEERFIELD BEACH FL 33441
US

265 S FEDERAL HWY
SUITE ~~270~~ 290
DEERFIELD BEACH FL 33441-4161
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1263551

Applied For

Not Applicable

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

BISHOP, ROBERT J.
2701 E. SUNRISE BLVD., #109
FORT LAUDERDALE FL 33304

Name JEFFREY A. LEVINE, Esq.
Street Address (P.O. Box Number is Not Acceptable)
4000 N. Federal Hwy
Suite 201
City Boca Raton, FL FL Zip Code 33441

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 P
STREET ADDRESS PLATERO, ERIC P
CITY-ST-ZIP 265 S FEDERAL HWY, SUITE-270 290
DEERFIELD BEACH FL 33441

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME STD
STREET ADDRESS BISHOP, ROBERT J
CITY-ST-ZIP 4625 POINCIANA STREET
LAUDERDALE BY THE SEA FL 33308

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)