

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636500

1. Entity Name

HORIZON PROPERTIES OF MARTIN COUNTY, INC.

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90088 019 ***150.00

0398228
AV

Principal Place of Business

10778 S. FEDERAL HWY.
P.O. BOX 373
HOBE SOUND FL 33455

Mailing Address

10778 S. FEDERAL HWY.
P.O. BOX 373
HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1973167

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

DAVINO, RALPH F., JR.
8023 S.E. WINDJAMMER WAY
HOBE SOUND FL 33455

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PD
WEIDMAN, JOANNE C
STREET ADDRESS
10778 S. FEDERAL HWY.
CITY-ST-ZIP
HOBE SOUND, FL 33455

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

TITLE NAME ☐ Delete
STD
DAVINO, RALPH F.
STREET ADDRESS
8023 S.E. WINDJAMMER WAY
CITY-ST-ZIP
HOBE SOUND, FL 33455

TITLE NAME ☒ Change ☐ Addition
STD
Davino, Ralph F.
STREET ADDRESS
6866 Bunker Hill Dr.
CITY-ST-ZIP
Hobe Sound, FL 33455

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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:

[Signature] REQUESTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/02 772 571 8688
Date Daytime Phone #

CR2E034 (9/01)