

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90007 009 \*\*\*\*70.00

0020024

**DOCUMENT # 769025**

1. Entity Name

**NEW HORIZONS PROPERTIES, INC.**

Principal Place of Business

4300 SW 13TH ST.  
 GAINESVILLE FL 32608-4099

Mailing Address

4300 SW 13TH ST.  
 GAINESVILLE FL 32608-4099

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

**59-2318762**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STARR, DOUGLAS L.**  
 4300 SW 13TH ST.  
 GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name  
**Margarita Labarta, Ph.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 4300 SW 13th Street

City **Gainesville** FL Zip Code **32608**

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.

**Margarita Labarta, Ph.D.**

SIGNATURE **Secretary/Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

**2/27/01**  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DEBOLT, CHARLES</b>	
STREET ADDRESS	<b>12207 NW 39TH AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HAMMOND, LUTHER</b>	
STREET ADDRESS	<b>1018 S.W. 25TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STARR, DOUGLAS L.</b>	
STREET ADDRESS	<b>601 N.W. 39TH ROAD</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASON, LILLIAN</b>	
STREET ADDRESS	<b>206 GWEN LAKE BLVD.</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREENSPAN, MARLENE</b>	
STREET ADDRESS	<b>126 WOODLAND OAKS</b>	
CITY-ST-ZIP	<b>ALACHUA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRICKLAND, FAYE</b>	
STREET ADDRESS	<b>3010 SW 35TH PL</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Margarita Labarta</b>	
STREET ADDRESS	<b>4300 SW 13th Street</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Margarita Labarta, Ph.D.**  
**Secretary/Treasurer**

**2/27/01**  
 Date

**(352) 374-5600**  
**Ext. 8220**  
 Daytime Phone #

CR2E037 (10/00)