

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # 833276

1. Entity Name

HORTON HOMES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

03-27-2000 90070 008 ***150.00

Principal Place of Business

101 INDUSTRIAL BLVD
EATONTON GA 31024

Mailing Address

PO BOX 4410
EATONTON GA 31024-4410
US

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

58-1087227

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

KEY, GUERRY R.
1547 PENBROOK DR
FERNANDINA BEACH FL 32034

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City Plantation

FL 33324

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.

PETER F. SOUZA
ASSISTANT SECRETARY

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 P
NAME HORTON JR., N D
STREET ADDRESS 257 ROSE CREEK DR.
CITY-ST-ZIP EATONTON GA 31024 ☐ Delete

TITLE S
NAME HICKS, MAUDE H.
STREET ADDRESS 228 ROSE DR SW
CITY-ST-ZIP EATONTON GA ☐ Delete

TITLE VP
NAME HICKS, R.W.-SR
STREET ADDRESS 228 ROSE DR SW
CITY-ST-ZIP EATONTON GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

3/20/00

Date

706 485-8506

Daytime Phone #

CR2034 (9/99)