

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015547  
AT

DOCUMENT # A01000000806

1. Entity Name

HORIZON SENIOR LIFESTYLES IV, LTD.

02 JUN 13 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3221 FRUITVILLE ROAD  
SARASOTA FL 34237

Mailing Address

3221 FRUITVILLE ROAD  
SARASOTA FL 34237



2. Principal Place of Business

3. Mailing Address

111-2nd Ave NE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. 805

DUE BY MAY 1, 2002

City & State

City & State

St. Petersburg, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

33701

Country

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

BACON, DAVID A  
2959 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33713

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.

DATE

9. Capital Contributions  
as Shown on record.

\$100,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000044137  
NAME AUTUMN CARE MANAGEMENT, INC.  
STREET ADDRESS 3221 FRUITVILLE ROAD  
CITY-ST-ZIP SARASOTA FL 34237

STREET ADDRESS

111-2nd Ave NE, St. 805

CITY-ST-ZIP

St. Petersburg, FL 33701

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/11/02

727-896-1042

Date

Daytime Phone #

CR2E003 (9/01)