


2001 UNIFORM BUSINESS REPORT (UBR)

0013147 AF

DOCUMENT # A97000001099			
1. Entity Name HORNER FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 18 SIMARA STREET STUART FL 34996		Mailing Address 18 SIMARA STREET STUART FL 34996	
2. Principal Place of Business 60 CARIBE WAY Suite, Apt. #, etc.		3. Mailing Address 60 CARIBE WAY Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
Zip 34996	Country	Zip 32963	Country
6. Name and Address of Current Registered Agent HORNER, L. DAVID III 18 SIMARA STREET STUART FL 34996		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 60 CARIBE WAY City VERO BEACH FL Zip Code 32963	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. Capital Contributions as Shown on record. \$3,000,000.00		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 # NAME STREET ADDRESS CITY - ST - ZIP	J35082 HORNER-VISTA, INC. 18 SIMARA STREET STUART FL 34996	STREET ADDRESS CITY - ST - ZIP	60 CARIBE WAY VERO BEACH, FL 32963
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FILED
01 FEB -9 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 ACQUIRED* **2/6/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)