

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001099

1. Entity Name
HORNER FAMILY LIMITED PARTNERSHIP



FILED
03 MAR 19 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
60 CARIBE WAY
VERO BEACH FL 32963

Mailing Address
60 CARIBE WAY
VERO BEACH FL 32963



2. Principal Place of Business
30 BEACHSIDE DRIVE

3. Mailing Address
30 BEACHSIDE DRIVE

Suite, Apt. #, etc.
#102

Suite, Apt. #, etc.
#102

City & State
ORCHID, FL

City & State
ORCHID, FL

DUE BY MAY 1, 2003

4. FEI Number 65-0764231

Applied For
Not Applicable

Zip
32963

Country
USA

Zip
32963

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORNER, L. DAVID III
60 CARIBE WAY
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
30 BEACHSIDE DRIVE, # 102
City ORCHID 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. I am familiar with, and accept the obligations of registered agent.

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

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 FL. 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

DOCUMENT # J35082
NAME HORNER-VISTA, INC.
STREET ADDRESS 60 CARIBE WAY
CITY-ST-ZIP VERO BEACH FL 32963

13. ADDRESS CHANGES ONLY

STREET ADDRESS ~~2000~~ 30 BEACHSIDE DR #102
CITY-ST-ZIP ORCHID, FL 32963

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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: DAVID HORNER 3/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)