

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002058**

1. Entity Name
HORIZON SENIOR LIFESTYLES, LTD.



FILED

03 SEP 24 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**3221 FRUITVILLE ROAD
SARASOTA FL 34237**

Mailing Address
**C/O KERRY BINGAMAN
111 2ND AVE., N.E., SUITE 805
ST PETERSBURG FL 33713**

2. Principal Place of Business

111 2nd AVE NE, STE 805

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

ST PETERSBURG, FL

City & State

4. FEI Number **59-3472509**

Applied For

Not Applicable

Zip
33701

Country

PineHills

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 ESQ.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,200,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000082334**
NAME **STERLING SENIOR SERVICES, INC.**
STREET ADDRESS **111 2ND AVE., N.E., STE 805**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

STREET ADDRESS

CITY-ST-ZIP

600023543426
10/03/03- 01045--007 **926.25

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

09/19/2003

Date

727-896-1042

Daytime Phone #

CR2E003 (4/03)