

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002747

1. Entity Name

HORSE'S HEAD, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 AM 9: 05



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business
3300 PGA BLVD., STE #805
PALM BEACH GARDENS FL 33410

Mailing Address
3300 PGA BLVD., STE #805
PALM BEACH GARDENS FL 33410-2811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3493177**

Applied For
Not Applicable

Zip

Country

Zip

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

~~STONE, HELEN E~~
3300 PGA BLVD., SUITE #805
PALM BEACH GARDENS FL 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$260,000.-**

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 # **P97000106144**
NAME **HORSE'S HEAD, INC.**
STREET ADDRESS **3300 PGA BLVD., SUITE #805**
CITY - ST - ZIP **PALM BEACH GARDENS FL 33410**

STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS **500003247205--7**
CITY - ST - ZIP **-05/10/00--01102--001**
******526.25 ****526.25**

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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: Margaret B. Shaffer 4-10-00 561-626-9711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)