

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F80474

1. Entity Name
HORTON TIMBER COMPANY

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90081 035 ***150.00

Principal Place of Business

Mailing Address

3301 NW 31 AVE
GAINESVILLE FL 32605
US

3301 NW 31 AVE
GAINESVILLE FL 32605
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2230291**

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

HORTON, WILLIAM BRUCE
2220 S.W. 34TH ST., #138
GAINESVILLE FL 32608

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HORTON, WILLIAM BRUCE	
STREET ADDRESS	2220 SW 34TH APT. 138	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WADE, JUDITH H	
STREET ADDRESS	1411 SPRUCE PINE RD.	
CITY-ST-ZIP	ROGERSVILLE TN 37857	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCA, LUANNE	
STREET ADDRESS	9650 GREEN MOON PATH	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith H. Wade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

423-272-2980

Daytime

CR2E034 (10/00)