

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90089 016 \*\*\*\*61.25

**DOCUMENT # F930000003721**

1. Entity Name

**THE HORIZON HOUSING FOUNDATION, INC.**

Principal Place of Business

Mailing Address

3038-C NORTH FEDERAL HIGHWAY  
 FT LAUDERDALE FL 33306

3038-C NORTH FEDERAL HIGHWAY  
 FT LAUDERDALE FL 33319-4358

2. Principal Place of Business

3. Mailing Address

**3800 INVERARY BLVD**

**3800 INVERARY BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**STE 209**

**STE 209**

City & State

City & State

**LAUDERDALE FL**

**LAUDERDALE FL**

Zip **33319**

Country **US**

Zip **33319**

Country **US**

4. FEI Number

**65-0423547**

Applied For

Not Applicable

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

**ANDERSON, TIMOTHY K ESQ**  
**631 U.S. 1 ATRIUM BUILDING, SUITE 408**  
**PALM BEACH FL 33408**

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

**FILE NOW:**  
**FEF IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOCKE, HENRY R JR</b> <b>27 CASTLE HARBOR ISLE</b> <b>FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRANT, DONALD E JR</b> <b>153 NW 114TH WAY</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREGG, DOUGLAS B</b> <b>100 W. 2ND ST.</b> <b>DAYTON OH 45402</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**4/25/00**

**954 7170776**

CR2E037 (9/99)