

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003721

1. Entity Name

THE HORIZON HOUSING FOUNDATION, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91131 045 ****61.25

Principal Place of Business

3800 INVERRARY BLVD
 STE 209
 FORT LAUDERDALE FL 33319

Mailing Address

3800 INVERRARY BLVD
 STE 209
 FORT LAUDERDALE FL 33319

2. Principal Place of Business

11935 NW 37th St.

3. Mailing Address

11935 NW 37th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33065

Country

Zip

33065

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

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

7. Name and Address of New Registered Agent

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:
FEE 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

TITLE D
 NAME FOCKE, HENRY R JR
 STREET ADDRESS 27 CASTLE HARBOR ISLE
 CITY-ST-ZIP FT LAUDERDALE FL

☐ Delete

TITLE D
 NAME GRANT, DONALD E JR
 STREET ADDRESS 153 NW 114TH WAY
 CITY-ST-ZIP CORAL SPRINGS FL 33071

☐ Delete

TITLE D
 NAME GREGG, DOUGLAS B
 STREET ADDRESS 100 W. 2ND ST.
 CITY-ST-ZIP DAYTON OH 45402

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/01

954 656 1700

CR2E037 (10/00)