2002 UNIFORM BUSINESS REPORT (UBR)

Jul 09, 2002 8:00 am Secretary of State DOCUMENT # F93000003721 1. Entity Name 07-09-2002 90396 043 ***236.25 THE HORIZON HOUSING FOUNDATION, INC. Principal Place of Business Mailing Address 11935 NW 37TH ST 11935 NW 37TH ST CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0423547 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ONALD E GRANT DL ANDERSON, TIMOTHY K ESQ 631 U.S. 1 ATRIUM BUILDING, SUITE 408 PALM BEACH FL 33408 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME FOCKE, HENRY R JR 11935 NW 37 Th St STREET ADDRESS STREET ADDRESS 27 CASTLE HARBOR ISLE COPAR SPRINGS FZ 33065 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete TITLE ☐ Change ☐ Addition GRANT, DONALD E JR NAME NAME STREET ADDRESS STREET ADDRESS 153 NW 114TH WAY CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE ☐ Addition ☐ Change TITLE □, Delete GREGG, DOUGLAS B NAME NAME STREET ADDRESS STREET ADDRESS 100 W. 2ND ST. CITY-ST-ZIP CITY-ST-ZIP DAYTÒN OH 45402 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of trustee empowered respectively that report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation or the receive changed, or on an attachment y

SIGNATURE:

FILED