

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004592

1. Entity Name

HORIZON/GLEN GROUP, INC.

Principal Place of Business

Mailing Address

C/O PRIME RETAIL, L.P.  
100 EAST PRATT STREET, 19TH FLOOR  
BALTIMORE MD 21202

C/O PRIME RETAIL, L.P.  
100 EAST PRATT STREET, 19TH FLOOR  
BALTIMORE MD 21202-1009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2559212

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

MANN, WILLIAM J  
C/O PRIME OUTLETS AT ELLENTON  
5461 FACTORY SHOPS BLVD.  
ELLENTON FL 34222

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, 2000 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 D ☐ Delete  
NAME PERLMUTTER, ROBERT D MR  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE P, CEO, D ☐ Change ☒ Addition  
NAME Glenn D. Reschke  
STREET ADDRESS 100 East Pratt Street, 19th Floor  
CITY-ST-ZIP Baltimore, MD 21202

TITLE D ☐ Delete  
NAME PERLMUTTER, WILLIAM MR  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE ☒ Change ☐ Addition  
NAME Perlmutter, Norman  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PCOO ☐ Delete  
NAME CARPENTER, WILLIAM H D  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DICKEY, WILLIAM P MR  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE D ☐ Change ☒ Addition  
NAME Michael W. Reschke  
STREET ADDRESS 100 East Pratt Street, 19th Floor  
CITY-ST-ZIP Baltimore, MD 21202

TITLE D ☐ Delete  
NAME RANDALL, KENNETH A  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE D ☐ Change ☒ Addition  
NAME James Thompson  
STREET ADDRESS 100 East Pratt Street, 19th Floor  
CITY-ST-ZIP Baltimore, MD 21202

TITLE D ☐ Delete  
NAME SHARP, SHARON MS  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

TITLE D ☐ Change ☒ Addition  
NAME Marvin Traub  
STREET ADDRESS 100 East Pratt Street, 19th Floor  
CITY-ST-ZIP Baltimore, MD 21202

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:

*Signature of C. Alan Schroeder*

410-234-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Name: C. Alan Schroeder Executive Vice President and Secretary

Date

Daytime Phone #