

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023553 AF

DOCUMENT # L00000005887

1. Entity Name  
HORIZON DEVELOPMENT, L.L.C.

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
10275 SW GREENRIDGE LANE  
PALM CITY FL 34990

Mailing Address  
10275 SW GREENRIDGE LANE  
PALM CITY FL 34990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
HORIZON DEV. LLC

3. Mailing Address  
P.O. Box 2737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Stuart, FL

City & State

4. FEI Number  
65-1020871

Applied For  
Not Applicable

Zip  
34997

Country  
USA

Zip  
Country

5. Certificate of Status Desired  
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, CRAIG A  
10275 SW GREENRIDGE LANE  
PALM CITY FL 34990

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 \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Craig Wood  
10275 SW Greenridge Lane  
Palm City, FL 34990

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Donald M. Wood  
PO Box 2737  
Stuart, FL 34994

TITLE NAME ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200004084012--4  
-04/27/01--01027--029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Craig Wood SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
1/16/07 561-781-8787  
Date Daytime Phone #

CR2E083 (11/00)