

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90094 029 ****50.00

DOCUMENT # L01000000802

1. Entity Name

HORIZON SARASOTA MANAGEMENT ENTERPRISES, LLC

Principal Place of Business

**7725 MIDNIGHT PASS ROAD
 SARASOTA FL 34242**

Mailing Address

**5053 OCEAN BLVD., #291
 SARASOTA FL 34103**

2. Principal Place of Business

7780 Midnight Pass Rd.

Suite, Apt. #, etc.

3. Mailing Address

6547 Midnight Pass Rd #19

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip **34242**

Country **USA**

City & State

SARASOTA, FL

Zip **34242**

Country **USA**

4. FEI Number

65-1076843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**COX, JOE B
 3001 TAMiami TRAIL NORTH
 SUITE 100
 NAPLES FL 34103**

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWALM, D. CLARK JR. 2509 CASEY KEY ROAD NOKOMIS FL 34275	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWALM, NICOLE 2509 CASEY KEY ROAD NOKOMIS FL 34275	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

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: *[Signature]* **D Clark Swalm Jr**
 2/7/2002 741 346-7678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)