## : 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L42876 1. Entity Name HORIZON INSTITUTE, INC. 00 JUL 17 PM 3: 18 Mailing Address Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA 22 FOXFORDS CHASE 22 FOXFORDS CHASE ORMOND BCH FL 32174 ORMOND BCH FL 32174 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEL Number 59-2988407 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLER, STEVEN R. Street Address (P.O. Box Number is Not Acceptable) 22 FOXFORDS CHASE ORMOND BCH FL 32174 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE KELLER, KATHY J. NAME NAME 22 FOXFORDS CHASE STREET ADDRESS STREET ADDRESS **ORMOND BCH FL 32174** CITY-ST-ZIP CITY-ST-ZIP 800003342832 ☐ Delete TITLE TITLE -03/01/00--01095--017 KELLER, STEVEN R. NAME NAME \*\*\*\*158.75 \*\*\*\*159.75 22 FOXFORDS CHASE STREET ADDRESS STREET ADDRESS ORMOND BCH FL 32174 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change RILE Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Ωelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE Change ■#Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #

;R2E034 (5/00)

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Horizon Institute, Inc.
22 Foxfords Chase

Ormond Beach, FL 32174 (904) 672-1118 FAX (904) 673-9974

TO: Florida Department of State Division of Corporations

FROM: Kathy J. Keller Jacky Leller

RE: Filing of 2000 Uniform Business Report

DATE: July 10, 2000

I received a "second due notice" today for filing the 2000 Uniform Business Report. However I mailed that report January 10, 2000, along with the required payment of \$158.75 (check # 1980). Upon consulting with my accountant, I discovered that the check has been outstanding since then, so the report was obviously lost somewhere along the way. I talked with one of your representatives today, and she told me to resubmit the report along with the original payment of \$158.75 and a letter of explanation. I've also included the check stub so that you know that the original report and payment were made in good faith in a timely manner.

If you have any questions, please contact me.