

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L98000003330

1. Entity Name  
HORIZON INSTITUTE FOR CLINICAL RESEARCH-FT. LAUD

FILED

00 MAR 13 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
% SKILS FAMILY, INC.  
1150 NORTH 35TH AVENUE  
HOLLYWOOD FL 33021

Mailing Address  
% SKILS FAMILY, INC.  
1150 NORTH 35TH AVENUE  
HOLLYWOOD FL 33021-5424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0883013

Applied For

Not Applicable

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

SKILS FAMILY, INC.  
1150 NORTH 35TH AVENUE  
HOLLYWOOD FL 33021

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  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
SKILS FAMILY, INC.  
1150 NORTH 35TH AVENUE  
HOLLYWOOD FL 33021

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500003182765-7  
-03/24/00--01050--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
STEINGO, BRIAN DR.  
5757 N. DIXIE HIGHWAY  
FT. LAUDERDALE FL 33334

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
KISHNER, RICHARD DR.  
5757 N. DIXIE HIGHWAY  
FT. LAUDERDALE FL 33334

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Brian Steingo

3/10/00

Date

(954) 202-1278

Daytime Phone #

166/6 (1/10)