

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003330

1. Entity Name

HORIZON INSTITUTE FOR CLINICAL RESEARCH-FT. LAUD

FILED

01 AUG 27 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

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

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

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
400004562834--0
-08/29/01--01108--009
*****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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE