

2001 UNIFORM BUSINESS REPORT (UBR)

0021994 AF

DOCUMENT # M00000001244

1. Entity Name
HORIZON WEST PALM BEACH, LLC

FILED

01 FEB -9 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5403 ASHTON CT
SARASOTA FL 34233

Mailing Address
~~5403 ASHTON CT~~
~~SARASOTA FL 34233~~

2. Principal Place of Business

3. Mailing Address
240 N. Washington Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.
7th Floor

City & State

City & State
SARASOTA FL

4. FEI Number 65-0989952

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country
34236

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

BRANCH, DANIEL

~~5403 ASHTON CT~~
~~SARASOTA FL 34233~~

Name

Street Address (P.O. Box Number is Not Acceptable)
240 N. Washington Blvd.

7th Floor

City SARASOTA FL Zip Code 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003743471--8
-02/20/01--01081--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KERN, MARTIN J
STREET ADDRESS 5403 ASHTON CT
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE
NAME
STREET ADDRESS 240 N. Washington Blvd 7th Floor
CITY-ST-ZIP SARASOTA FL 34236 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARTIN J. KERN 2-29-01 941-925-3490

CR2E083 (11/00)