

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000984

1. Entity Name
HORIZON ONE OF BOYNTON BEACH, LLC

Principal Place of Business
3795 BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33436

Mailing Address
5403 ASHTON CT.
SARASOTA FL 34233

FILED

01 FEB 12 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

65-0855548

Applied For

Not Applicable

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

LONGWELL, ALAN G

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

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 MGR
NAME KERN, MARTY
STREET ADDRESS 5403 ASHTON CT.
CITY-ST-ZIP SARASOTA FL 34233

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

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STREET ADDRESS
CITY-ST-ZIP

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 KERN

1/29/01

941-925-3490

CR2E083 (11/00)