

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000700

1. Entity Name  
HORIZON DEERFIELD, LLC

FILED

00 JAN 12 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1890 W. HILLSBOROR BLVD.  
DEERFIELD BEACH FL 33442

Mailing Address  
5403 ASHTON CT  
SARASOTA FL 34233-3404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State

City & State

4. FEI Number 65-0906534

Applied For  
Not Applicable

Zip

Country

Zip

Country

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)

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

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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:

*Martin J. Kern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-5-00

Date

941-925-3490

Daytime Phone #

CR2E083 (9/99)