

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001658

1. Entity Name
HORIZON ORLANDO ONE, LLC

FILED

01 FEB 12 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
500 N. SEMORAN BLVD., STE. 103
ORLANDO FL 33408

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

4. FEI Number

65-0936334

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)

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

800003743658--3
-02/20/01--01088--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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

0022005 AF

CP2E083 (11/00)