

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15543

1. Entity Name

HORIZON VILLAGE, INC.

Principal Place of Business

Mailing Address

9200 LITTELTON RD  
LOT #505  
NORTH FORT MYERS FL 33903  
US

221 RAINBOW DR  
N FORT MYERS FL 33903-5655  
US

2. Principal Place of Business

3. Mailing Address

137 LAKESIDE CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

U. FORT MYERS, FL.

Zip

Country

Zip

Country

33903

4. FEI Number

59-2738977

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURANDT, ROBERT  
1714 CAPE CORAL PKWY  
CAPE CORAL FL 33910

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]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete  
NAME SMITH, FRANK  
STREET ADDRESS 137 LAKESIDE CIR  
CITY-ST-ZIP N FT MYERS FL

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

TITLE D ☐ Delete  
NAME GOODLAD, AL  
STREET ADDRESS 182 SUN DRIVE  
CITY-ST-ZIP NO FORT MYERS FL 33903

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

TITLE D ☒ Delete  
NAME MCCOY, MAC  
STREET ADDRESS 395 HORIZON DRIVE  
CITY-ST-ZIP N. FT. MYERS FL 33903

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

TITLE D ☐ Delete  
NAME BICKOWSKI, RAY  
STREET ADDRESS 311 DAWN DRIVE  
CITY-ST-ZIP N. FT. MEYERS FL

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

TITLE DS ☐ Delete  
NAME WINTER, EDITH  
STREET ADDRESS 554 SUNRISE AVE.  
CITY-ST-ZIP N. FT. MEYERS FL

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

TITLE PD ☒ Delete  
NAME MURPHY, JACK  
STREET ADDRESS 221 RAINBOW DRIVE  
CITY-ST-ZIP NO FORT MYERS FL

TITLE ☐ Change ☒ Addition  
NAME DONALD GILSON  
STREET ADDRESS 528 SUNSHINE AVG  
CITY-ST-ZIP NO. FORT MYERS, FL 33903

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* DONALD GILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

(941) 997-1302

Date

Daytime Phone #