

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15543

1. Entity Name

HORIZON VILLAGE, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90011 038 ****61.25

Principal Place of Business

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

Mailing Address

137 LAKESIDE CIR
FORT MYERS FL 33903
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2738977

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

TITLE TD
NAME GILSON, DONALD
STREET ADDRESS 528 SUNSHINE AVE
CITY-ST-ZIP FORT MYERS FL 33903 ☐ Delete

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

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

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

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

TITLE SECRETARY
NAME GARY IRVIN
STREET ADDRESS 399 HORIZON DR.
CITY-ST-ZIP N. FT. MYERS, FL ☐ Change ☒ Addition

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

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 of Robert Burandt)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01 841-997-1302

Date

Daytime Phone #

CR2E037 (10/00)

ADDITION! TO DIRECTORS

BARSTOW, PETER

342 SUNRISE AVE,

N. FT. MYERS, FL

Attachment

D#N15543

C0016813