

2000 UNIFORM BUSINESS REPORT (UBR)

3/15/2000 8:00 AM

DOCUMENT # N46877

1. Entity Name

HORIZON FOUNDATION OF SOUTHWEST FLORIDA, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-13-2000 90068 031 ****61.25

Principal Place of Business

2180 WEST 1ST STREET
STE 306
FT MYERS FL 33901
US

Mailing Address

1625 HENDRY ST
SUITE 301
FT MYERS FL 33901-2969

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0317286

Applied For

Not Applicable

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

SNELL, MARY VLASAK
1833 HENDRY STREET
FT MYERS FL 33901

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	D'ALESSANDRO, FRANK	
STREET ADDRESS	8801 COLLEGE PARKWAY, #1	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	INGE, RON	
STREET ADDRESS	14860 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JACOBI, FRITZ	
STREET ADDRESS	2442 DR MARTIN LUGHER KING BLVD	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DORAGH, CYNDI	
STREET ADDRESS	2017 MCGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KOSZULINSKI, GEORG	
STREET ADDRESS	5213 S W 8TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHIMP, STEVE	
STREET ADDRESS	11941 FAIRWAY LAKES DRIVE	
CITY-ST-ZIP	FT MYERS FL 33913	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cyndi Doragh	
STREET ADDRESS	PO BOX 60139	
CITY-ST-ZIP	Fort Myers, FL 33906-6139	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Inge	
STREET ADDRESS	14341 Alico Road	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Conway	
STREET ADDRESS	4426 SE 16th Pl, Suite 3&4	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Shimp	
STREET ADDRESS	11941 Fairway Lakes Dr.	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

Ron Inge

3/9/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)