

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90057 009 ****61.25

DOCUMENT # N47302

1. Entity Name

HORIZONS OF OKALOOSA COUNTY, INC.

Principal Place of Business

Mailing Address

**121 & 123 TRUXTON
 FT WALTON BEACH FL 32547**

**P.O. BOX 2350
 FT. WALTON BEACH FL 32549-2350**

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

59-3109969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, MELISSA D
 123 TRUXTON AVENUE
 FT. WALTON BEACH FL 32547**

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

Melissa D Jones **Melissa D. Jones** **CFO**

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **ESTES, S.RICHARD**
 CITY-ST-ZIP **649 NE POWELL DRIVE
 FT. WALTON BEACH FL 32547**

TITLE ☒ Change ☐ Addition
 NAME **Pres**
 STREET ADDRESS **McAllister, Ray**
 CITY-ST-ZIP **140 Country Club Road
 Shelimar, FL 32579**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **PRITCHARD, KATHLEEN A**
 CITY-ST-ZIP **512 OSCEOLE DRIVE
 DESTIN FL 32541**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **POOLEY, JAN**
 CITY-ST-ZIP **2805 JERRY PATE CT
 SHALIMAR FL 32579**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HOLT, ELLEN**
 CITY-ST-ZIP **1158 MUIRFIELD WAY
 NICEVILLE FL**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARLEY, JOE**
 CITY-ST-ZIP **6271 GARDEN CITY RD.
 CREESTVIEW FL 32536**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ALLISON, DON**
 CITY-ST-ZIP **809 LAUREL DRIVE
 FT. WALTON BEACH FL 32548**

TITLE ☐ Change ☐ 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:

Ray McAllister **Ray McAllister**

3/22/00 854/863-4522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99