

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90007 049 ****61.25

DOCUMENT # N93000004003

1. Entity Name

HORIZON FLYING CLUB INCORPORATED

Principal Place of Business

Mailing Address

~~1524 DISTANT OAKS DR.~~
~~WESLEY CHAPEL FL 33543~~

~~1524 DISTANT OAKS DR.~~
~~WESLEY CHAPEL FL 33543-5739~~

2. Principal Place of Business

7508 NEEDLE LEAF PLACE

3. Mailing Address

7508 NEEDLE LEAF PLACE

Suite, Apt. #, etc.

STE C

Suite, Apt. #, etc.

STE C

City & State

TEMPLE TERRACE, FL

City & State

TEMPLE TERRACE, FL

Zip

33617

Country

USA

Zip

33617

Country

USA

4. FEI Number

59-3208120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARLUCCI, NICK
1524 DISTANT OAKS DR.
WESLEY CHAPEL FL 33543

7. Name and Address of New Registered Agent

Name

BRIAN WADSWORTH

Street Address (P.O. Box Number is Not Acceptable)

1508 NEEDLE LEAF PLACE, #C

City

TEMPLE TERRACE

FL

Zip Code

33617

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

BRIAN WADSWORTH

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/00

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	SD	<input type="checkbox"/> Delete
NAME	ANTHONY, LARRY E.	
STREET ADDRESS	10405 TANNER RD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CARLUCCI, NICK	
STREET ADDRESS	1524 DISTANT OAKS DR.	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WADSWORTH, BRIAN	
STREET ADDRESS	7508 NEEDLE LEAF PL #C	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(P) ROBERT E WADSWORTH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	307 BANNOCKBURN AVE	
STREET ADDRESS	TEMPLE TERRACE, FL	
CITY-ST-ZIP	33617	
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		
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**

3/17/00 **813-626-9469**