

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90164 024 \*\*\*\*61.25

**DOCUMENT # N93000004003**

1. Entity Name

**HORIZON FLYING CLUB INCORPORATED**

Principal Place of Business

7508 NEEDLE LEAF PLACE  
SUITE C  
TEMPLE TERRACE FL 33617

Mailing Address

7508 NEEDLE LEAF PLACE  
SUITE C  
TEMPLE TERRACE FL 33617

2. Principal Place of Business

**11861 WILDEFLOWER PL.**

3. Mailing Address

**11861 WILDEFLOWER PL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TEMPLE TERRACE, FL**

City & State

**TEMPLE TERRACE, FL**

4. FEI Number

**59-3208120**

Applied For

Not Applicable

Zip

**33617**

Country

**U.S.A.**

Zip

**33617**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WADSWORTH, BRIAN**  
**7508 NEEDLE LEAF PLACE**  
**SUITE C**  
**TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

Name **NEALE, RONALD J.**

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

**11861 WILDEFLOWER PL.**

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

*Ronald J. Neale* **RONALD J. NEALE, TREASURER**

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 **SD** ☐ Delete  
NAME **ANTHONY, LARRY E.**  
STREET ADDRESS **10405 TANNER RD.**  
CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Delete  
NAME **WADSWORTH, ROBERT E**  
STREET ADDRESS **307 BANNOCKBURN AVE**  
CITY-ST-ZIP **TAMPA FL 33617**

TITLE **TD** ☒ Delete  
NAME **WADSWORTH, BRIAN**  
STREET ADDRESS **7508 NEEDLE LEAF PL #C**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME **NEALE, RONALD J.**  
STREET ADDRESS **11861 WILDEFLOWER PL.**  
CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

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

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

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:

*Ronald J. Neale* **RONALD J. NEALE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**

4-19-01

Date

813-985-8394

Daytime Phone #

CR2E037 (10/00)