

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004003

1. Entity Name:

HORIZON FLYING CLUB INCORPORATED

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90100 022 ****61.25

Principal Place of Business Mailing Address
11861 WILDFLOWER PLACE 11861 WILDFLOWER PLACE
TEMPLE TERRACE FL 33617 SUITE 6
TEMPLE TERRACE FL 33617

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TEMPLE TERRACE, FL

Zip Country Zip Country
33617 U.S.A.

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 7. Name and Address of New Registered Agent

E
NEALE, RONALD J
11861 WILDFLOWER PLACE
TEMPLE TERRACE FL 33617

Name NEALE, RONALD J
Street Address (P.O. Box Number is Not Acceptable)
11861 WILDFLOWER 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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25 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 NAME STREET ADDRESS CITY-ST-ZIP	SD ANTHONY, LARRY E. 10405 TANNER RD. TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADSWORTH, ROBERT E 307 BANNOCKBURN AVE TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEALE, RONALD J 11861 WILDFLOWER PLACE TEMPLE TERRACE FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD & SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NEALE, RONALD J. 11861 WILDFLOWER PLACE TEMPLE TERRACE FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH MANISCALCO 5810 U.S. HWY 92 W, Lot 103 PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 4-16-02 813-985-8394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)