

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004444

1. Entity Name

HORIZON WEST, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90039 041 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

105 WEST PLANT ST.
WINTER GARDEN FL 34787

P.O. BOX 770606
WINTER GARDEN FL 34777-0606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3204674

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

AUSTIN, LESTER
105 WEST PLANT ST.
WINTER GARDEN FL 34787

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D AUSTIN, LESTER	<input type="checkbox"/> Delete
STREET ADDRESS	105 W PLANET ST	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE NAME	PD PHILLIPS, DON	<input type="checkbox"/> Delete
STREET ADDRESS	219 FLORAL	
CITY-ST-ZIP	OCOE FL 34761	
TITLE NAME	T/D AMON, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	219 W. OAKLAND AVE.	
CITY-ST-ZIP	OAKLAND FL 34760	
TITLE NAME	D JUNE, RANDY	<input type="checkbox"/> Delete
STREET ADDRESS	71 E. CHURCH ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	D KARR, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	201 S. ORANGE AVE. STE.1010	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	D BURCH, BILLY	<input type="checkbox"/> Delete
STREET ADDRESS	905 W. STORY RD.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-2000

Date

407-656
4334

Daytime Phone #