

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 8:00 am**
Secretary of State

02-26-2001 90540 037 ****61.25

0062734

DOCUMENT # N93000004444

1. Entity Name

HORIZON WEST, INC.

Principal Place of Business

**105 WEST PLANT ST.
WINTER GARDEN FL 34787**

Mailing Address

**P.O. BOX 770606
WINTER GARDEN FL 34787-0606**

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 **59-3204674**

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

**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 **D** ☐ Delete
NAME **AUSTIN, LESTER**
STREET ADDRESS **105 W PLANET ST**
CITY-ST-ZIP **WINTER GARDEN FL 34787**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **PHILLIPS, DON**
STREET ADDRESS **219 FLORAL**
CITY-ST-ZIP **OCFEE FL 34761**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T/D** ☐ Delete
NAME **AMON, JACK**
STREET ADDRESS **219 W. OAKLAND AVE.**
CITY-ST-ZIP **OAKLAND FL 34760**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JUNE, RANDY**
STREET ADDRESS **71 E. CHURCH ST.**
CITY-ST-ZIP **ORLANDO FL 32801**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KARR, JIM**
STREET ADDRESS **201 S. ORANGE AVE. STE.1010**
CITY-ST-ZIP **ORLANDO FL 32801**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BURCH, BILLY**
STREET ADDRESS **905 W. STORY RD.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**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: **JACK R. AMON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/17/01
Date407 656 9692
Daytime Phone #

CR2E037 (10/00)