

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90047 040 \*\*\*150.00

0042849

**DOCUMENT # N97000001793**

1. Entity Name

**HORKY FAMILY FOUNDATION, INC.**

Principal Place of Business

**2324 N.E. 53RD STREET  
 FT LAUDERDALE FL 33308**

Mailing Address

**GELBER & COMPANY  
 285 N.W. 199TH ST. #204  
 MIAMI FL 33169**

**702161**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**GELBER & COMPANY  
 285 N.W. 199th STREET, #204  
 MIAMI, FL 33169  
 305-651-8000**

City & State

City & State **MIAMI, FL 33169**

4. FEI Number

**65-0734219**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HORKY, ERNEST J  
 2324 N.E. 53RD STREET  
 FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HORKY, ERNEST J</b>
STREET ADDRESS	<b>2324 N.E. 53RD STREET</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HORKY, JOHN K</b>
STREET ADDRESS	<b>2324 N.E. 53RD STREET</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HORKY, LAURA L</b>
STREET ADDRESS	<b>2324 N.E. 53RD STREET</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HORKY, JAMES K</b>
STREET ADDRESS	<b>2324 N.E. 53RD STREET</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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
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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 OF REGISTERED AGENT ERNEST J. HORKY**

**1/23/01 (954) 771-8658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)