

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000014070**

1. Entity Name

**HORIZON EVENTS, INC.****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90142 028 \*\*\*150.00

Principal Place of Business

**333 FIRST ST. N. SUITE 305  
JACKSONVILLE BEACH FL 32250**

Mailing Address

**333 FIRST ST. N. SUITE 305  
JACKSONVILLE BEACH FL 32250****00001100**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**200 Executive Way**3. Mailing Address  
**200 Executive Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Ponte Vedra Beach, FL**City & State  
**Ponte Vedra Beach, FL**4. FEI Number  
**59-3623933**Applied For  
Not ApplicableZip  
**32082**

Country

Zip  
**32082**

Country

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

**LOUGHRAN, MYRA P.A.  
333 FIRST ST. N. SUITE 305  
JACKSONVILLE BEACH FL 32250**Name  
**Ford, Jeter, Bowlus, Duss & Morgan, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**10110 San Jose Boulevard**City  
**Jacksonville** **FL** Zip Code  
**32257**

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 **William H. Jeter, Jr., President** **4/30/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Frankel, Carey 200 Executive Way Ponte Vedra Beach, FL 32082 <input type="checkbox"/> Change <input checked="" 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
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

Date

**(904) 273-0125**

Daytime Phone #

CR2E034 (10/00)