

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000062486

Entity Name: HORIZON FINANCIAL CORP.

FILED
Jan 16, 2003
Secretary of State

Current Principal Place of Business:

1851 NW 125TH AVE.
100
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

1851 NW 125TH AVE.
PEMBROKE PINES, FL 33028

New Mailing Address:

1851 NW 125TH AVE.
SUITE 100
PEMBROKE PINES, FL 33028

FEI Number: 65-1153269

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
TALLAHASSEE, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: GROSSMAN, WILLIAM DIRECTO
Address: 1851 NW 125TH AVENUE, STE 100
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DIR () Delete
Name: KORN, RONALD DIRECTO
Address: 1851 NW 125TH AVENUE, STE 100
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DIR () Delete
Name: BRADFORD, SUE DIRECTO
Address: 1851 NW 125TH AVENUE, STE 100
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PRES () Delete
Name: LUNAK, THOMAS E PRESID
Address: 1851 NW 125TH AVENUE, STE 100
City-St-Zip: PEMBROKE PINES, FL 33028

Title: CHAI () Delete
Name: SHAY, RODGER CHAIRMA
Address: 1851 NW 125TH AVENUE, STE 100
City-St-Zip: PEMBROKE PINES, FL 33028

Title: DIR () Delete
Name: BERMONT, PETER DIRECTO
Address: 1851 NW 125TH AVENUE, STE 100
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. LUNAK

P

01/16/2003

Electronic Signature of Signing Officer or Director

Date

LAURANS MENDELSON, DIRECTOR
1851 NW 125TH AVENUE
SUITE 100
PEMBROKE PINES, FL 33028

THOMAS RICHARDSON, DIRECTOR
1851 NW 125TH AVENUE
SUITE 100
PEMBROKE PINES, FL 33028

AUGUSTO VIDAURRETA, DIRECTOR
1851 NW 125TH AVENUE
SUITE 100
PEMBROKE PINES, FL 33028

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