

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

HORIZONS REHABILITATION, INC.

Principal Place of Business

101 Village Las Palmas Ln
ST AUGUSTINE, FLA
32080

Mailing Address

W.E. GAULT
101 Village Las Palmas Ln
ST AUGUSTINE FL
32080

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1064261

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

W.E. GAULT
101 VILLAGE LAS PALMAS LN
ST. AUGUSTINE, FLA 32080

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

9. 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

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: CHAIRMAN OF BOARD
NAME: W.E. GAULT
STREET ADDRESS: 101 Village Las Palmas Ln
CITY-ST-ZIP: ST AUGUSTINE, FL 32080

☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

☐ Change ☐ Addition

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

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90212 001 *****8.75

03-19-2001 90212 002 ***150.00

31592

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)