

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000098066

1. Entity Name

HORIZON HOMES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

28 CORDONA DR
KISSIMMEE FL 34759
US

POST OFFICE BOX 948478
SUITE 100
MAITLAND FL 32794-8478
US

2. Principal Place of Business

197 MONTGOMERY RD

3. Mailing Address

197 MONTGOMERY RD

Suite, Apt. #, etc.

SUITE 120

Suite, Apt. #, etc.

SUITE 120

City & State

Alt. Springs FL

City & State

Alt. Springs FL

Zip

32714

Country

SEMINOLE

Zip

32714

Country

SEMINOLE

6. Name and Address of Current Registered Agent

WASSERMAN, GREGG
2128 BLUE IRIS PL
~~SUITE 100~~
LONGWOOD FL 32779

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, 2000 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

TITLE	DVPT	<input type="checkbox"/> Delete
NAME	WASSERMAN, GREGG	
STREET ADDRESS	2128 BLUE IRIS PL	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	CORDY, THOMAS J	
STREET ADDRESS	107 NASSAU PL	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
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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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregg A Wasserman
VICE-PRESIDENT

Date

3/17/00

Daytime Phone #

407 869 1100

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90086 001 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3353264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required