

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004071

1. Entity Name

H. HORTON, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90075 018 \*\*\*150.00

Principal Place of Business

1682 TORRINGTON CIRCLE  
LONGWOOD FL 32750  
US

Mailing Address

1682 TORRINGTON CIRCLE  
LONGWOOD FL 32792-6134  
US

2. Principal Place of Business

3301 OLDE WHARF RUN

Suite, Apt. #, etc.

3. Mailing Address

3301 OLDE WHARF RUN

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3352646

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

HORTON, HONORA  
1682 TORRINGTON CIRCLE  
LONGWOOD FL 32750

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

Honora Horton

Honora Horton

1/16/00

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	PD	<input type="checkbox"/> Delete
NAME	HORTON, HERBERT H	
STREET ADDRESS	1682 TORRINGTON CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HORTON, HONORA	
STREET ADDRESS	1682 TORRINGTON CIRCLE	
CITY-ST-ZIP	LONGWOOD FL 32750	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horton, Herbert H	
STREET ADDRESS	3301 OLDE WHARF RUN	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horton, Honora	
STREET ADDRESS	3301 OLDE WHARF RUN	
CITY-ST-ZIP	Winter Park, FL 32792	
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		
CITY-ST-ZIP		

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:

Honora Horton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

DATE

407-421-4920

Daytime Phone #