

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020544

1. Entity Name

STEVEN G. HORNEFFER, P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90162 039 ***150.00

Principal Place of Business

990 DOUGLAS AVENUE
SUITE 102
ALTAMONTE SPRINGS FL 32714

Mailing Address

990 DOUGLAS AVENUE
SUITE 102
ALTAMONTE SPRINGS FL 32779-5001

2. Principal Place of Business

1220 DOUGLAS AVENUE

3. Mailing Address

1220 DOUGLAS AVENUE

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City & State

LONGWOOD

City & State

LONGWOOD

Zip

32779

Country

SEMINOLE

Zip

32779

Country

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3431484

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT
990 DOUGLAS AVENUE
SUITE 102
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name HORNEFFER, STEVEN G.
Street Address (P.O. Box Number is Not Acceptable)
1220 DOUGLAS AVENUE, SUITE 103
City LONGWOOD FL Zip Code 32779

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

1/4/00

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 PSTD
NAME HORNEFFER, STEVEN G
STREET ADDRESS 990 DOUGLAS AVENUE, SUITE 102
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD R.A.
NAME HORNEFFER, STEVEN G. ☒ Change ☐ Addition
STREET ADDRESS 1220 DOUGLAS AVE, SUITE 103
CITY-ST-ZIP LONGWOOD, FLORIDA 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 #

1/4/00

407 788 0007