

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043611

1. Entity Name

HORIZON HOMES AT MARLBORO COURTS, INC.

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90096 002 \*\*\*150.00

Principal Place of Business

265 SOUTH FEDERAL HIGHWAY  
SUITE 270  
DEERFIELD BEACH FL 33441

Mailing Address

265 SOUTH FEDERAL HIGHWAY  
SUITE 270  
DEERFIELD BEACH FL 33441-4161

2. Principal Place of Business

265 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 270

City & State

DEERFIELD BEACH, FL 334

Zip

33441

Country

USA

3. Mailing Address

265 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, etc.

SUITE 270

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0837691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ.  
GREENSPOON, MARDER, HIRSCHFIELD, P.A.  
100 WEST CYPRESS CREEK RD., SUITE 700  
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name JEFFREY A. LEVINE, Esq.

4000 North Federal Hwy

# 201

City BOCA RATON, FL FL 33431

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 D  
NAME PLATERO, ERIC P  
STREET ADDRESS 265 SOUTH FEDERAL HIGHWAY SUITE 270  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 (561) 391-1211