

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90096 024 ***150.00

DOCUMENT # P98000047475

1. Entity Name
HORIZON BANCORPORATION, INC.

00005877



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3005 -26 ST. W. **P OBOX 14684**
STE C **BRADENTON FL 34280**
BRADENTON FL 34205

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0840565 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 Zip Country Zip Country

6. Name and Address of Current Registered Agent
CONOLEY, CHARLES S
41-68TH COURT, N.W.
BRADENTON FL 34209

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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONOLEY, CHARLES S	NAME	
STREET ADDRESS	41-68TH COURT, N.W.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASGOW, MICHAEL S	NAME	
STREET ADDRESS	719-46TH COURT, E.	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, DAVID K	NAME	
STREET ADDRESS	708 PALM ASOLA BLVD	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34210	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, THOMAS C JR	NAME	
STREET ADDRESS	6144-9TH AVE., CIR., N.E.	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34202	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, C. DONALD	NAME	
STREET ADDRESS	216-21ST ST., WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34216	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLEN, STEPHEN C	NAME	
STREET ADDRESS	820 IDLEWILD WAY	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	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: *James J. Bazata* **1-13-00** **941-753-2265**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
James J. Bazata, Treasury