

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90059 013 ***150.00

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DOCUMENT # P98000047475

1. Entity Name
HORIZON BANCORPORATION, INC.



Principal Place of Business
**900 53RD AVE. EAST
BRADENTON FL 34203**

Mailing Address
**900 53RD AVE. EAST
BRADENTON FL 34203**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0840565**

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

7. Name and Address of New Registered Agent

**CONOLEY, CHARLES S
110 68TH CT. NW
BRADENTON FL 34209**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, BARCLAY	
STREET ADDRESS	5406 19TH AVE. W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASGOW, MICHAEL S	
STREET ADDRESS	4827 PALMETTO POINT DR.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHERER, DAVID K	
STREET ADDRESS	708 PALM ASOLA BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, THOMAS C JR	
STREET ADDRESS	6144-9TH AVE., CIR., N.E.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, C. DONALD	
STREET ADDRESS	216-21ST ST., WEST	
CITY-ST-ZIP	BRADENTON FL 34216	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULLEN, STEPHEN C	
STREET ADDRESS	820 IDLEWILD WAY	
CITY-ST-ZIP	SARASOTA FL 34242	

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

12. 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, trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James J. Bazant*
James J. Bazant, Secretary of State

1-6-03 941 753-2265
Date Daytime Phone #

CR2E034 (10/02)