

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**  
 04-09-2001 90014 022 \*\*\*150.00

0413075

**DOCUMENT # P99000044350**

1. Entity Name

**AMERICAN HORIZON GENERAL AGENCY, INC.**

Principal Place of Business

**2801 FRUITVILLE RD., STE. 160  
 SARASOTA FL 34237**

Mailing Address

**2801 FRUITVILLE RD., STE. 160  
 SARASOTA FL 34237**

2. Principal Place of Business

**1748 Independence Blvd**

3. Mailing Address

**1748 Independence Blvd**

Suite, Apt. #, etc.

**Ste C4**

Suite, Apt. #, etc.

**Ste C4**

City & State

**Sarasota FL**

City & State

**Sarasota FL**

Zip

**34234-2150**

Country

**USA**

Zip

**34234-2150 USA**

Country

**USA**

4. FEI Number

**59-3588690**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KUMMER, H. JOHN  
 2801 FRUITVILLE ROAD  
 SUITE 160  
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **H. John Kummer**

Street Address (P.O./Box Number is Not Acceptable)

**1748 Independence Blvd.**

**Ste C4**

**Sarasota, FL**

**FL**

**34234-2150**

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

*H. John Kummer*

**H. John Kummer Vice President**

**4/6/01**

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, 2001 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>TIBBITTS, RAYMOND W JR.</b><br><b>2801 FRUITVILLE ROAD, STE. 160</b><br><b>SARASOTA FL 34237</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>CARTER, SCOTT</b><br><b>2801 FRUITVILLE ROAD, STE. 160</b><br><b>SARASOTA FL 34237</b>           | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>KUMMER, JOHN</b><br><b>2801 FRUITVILLE ROAD, STE. 160</b><br><b>SARASOTA FL 34237</b>            | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

*H. John Kummer*

**H. John Kummer Vice President**

**4/6/01**

**991-358-8004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)