

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56596

1. Entity Name

HORKEY & ASSOCIATES, P.A.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90118 024 \*\*\*150.00

Principal Place of Business

Mailing Address

5950 W OAKLAND PARK BLVD  
STE 310  
FT LAUDERDALE FL 33313-1260  
US

5950 W OAKLAND PARK BLVD  
STE 310  
FT LAUDERDALE FL 33313-1260  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8211 WEST BROWARD BLVD  
Suite, Apt. #, etc.  
PH 1 - FIFTH FLOOR

8211 WEST BROWARD BLVD  
Suite, Apt. #, etc.  
Suite PH 1 - FIFTH FLOOR

City & State

City & State

PLANTATION FL

PLANTATION FL

Zip

Country

33324-2745 US

Zip

Country

33324-2745 US

4. FEI Number

65-0266803

Applied For

Not Applicable

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

HORKEY, FRANK  
5950 W OAKLAND PARK BLVD  
STE 310  
FT LAUDERDALE FL 33313

Name

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

8211 WEST BROWARD BLVD  
PH 1 - FIFTH FLOOR

City

PLANTATION

FL

Zip Code

33324-2745

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | DPS                            | <input type="checkbox"/> Delete |
| NAME           | HORKEY, FRANK J.               |                                 |
| STREET ADDRESS | 5950 W. OAKLAND PARK, STE. 310 |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL              |                                 |
| TITLE          | AS                             | <input type="checkbox"/> Delete |
| NAME           | HORKEY, DONNA                  |                                 |
| STREET ADDRESS | 5950 W OAKLAND PARK, STE. 310  |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL               |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 8211 West Broward Blvd PH 1 Fifth Floor                                      |
| CITY-ST-ZIP    | PLANTATION FL 33324-2745                                                     |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                              |
| STREET ADDRESS | 8211 West Broward Blvd PH 1-Fifth Floor                                      |
| CITY-ST-ZIP    | PLANTATION FL 33324-2745                                                     |
| TITLE          | <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            |
| 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

1/12/00 954-577-9700

Date Daytime Phone #

CR2ED04 (9/99)