# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 24, 2000 8:00 am**
**Secretary of State**
04-24-2000 90012 011 ***150.00

DOCUMENT # ~~P00000078907~~ V30907

Entity Name

[redacted]
HORIZON LAND CORPORATION

Principal Place of Business

Mailing Address

555 NE 15TH ST
SUITE 100
MIAMI FL 33132-4455
US

[redacted]

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o David McKibbin | c/o David McKibbin |
| Suite, Apt. #, etc.: 5225 Collins Ave | Suite, Apt. #, etc.: 5225 Collins Ave |
| City & State: Miami Beach, Fla. | City & State: Miami Beach, Fla |
| Zip: 33140 Country: USA | Zip: 33140 Country: USA |

4. FEI Number: 65-0333307 (65-0528318) ☐ 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 |
|---|---|
| M622493<br>555 NE 15TH ST<br>SUITE 100<br>MIAMI FL 33132<br>David A. McKibbin, Esq.<br>555 NE 15 St.<br>Suite 100<br>Miami, Fla. 33132 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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: Dad McKibbin David McKibbin DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition |
| C<br>MCKIBBIN, DAVID A<br>1885 FISHER ISLAND DRIVE<br>FISHER ISLAND FL 33109 | | D.P.<br>McKibbin, David A.<br>1884 Classic Dr.<br>Coral Springs, Fla. 33071 | |
| | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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: Dad McKibbin - Pres. David A. McKibbin (4-14-00) (305) 3590068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #