

# 2000 UNIFORM BUSINESS REPORT (UBR)

XJ0752X  
M

**DOCUMENT #** L99000000392

**1. Entity Name**  
HOGAN OLD PASCO, L.L.C.

**Principal Place of Business**  
101 EAST KENNEDY BOULEVARD, SUITE 400  
TAMPA FL 33602

**Mailing Address**  
101 EAST KENNEDY BOULEVARD, SUITE 400  
TAMPA FL 33602-5179

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:49



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number**  
52-2151737

**5. Certificate of Status Desired**  Applied For  Not Applicable

**\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MILLS, RAYMOND E  
101 EAST KENNEDY BOULEVARD, SUITE 400  
TAMPA FL 33602

**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MEMBERS**

<b>TITLE NAME</b> MGRM THE HOGAN GROUP, A FLORIDA GENERAL PARTN. 101 EAST KENNEDY BOULEVARD, SUITE 4000 TAMPA FL 33602	<input type="checkbox"/> Delete
<b>TITLE NAME</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b>	<input type="checkbox"/> Delete
<b>TITLE NAME</b>	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

<b>TITLE NAME</b> 700003159457--8 -03/07/00--01003--011 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b> mf 31,100	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Raymond E. Mills, President **SIGNATURE REQUIRED**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: 2/16/00 Daytime Phone #: 813/274-8000

CR2E083 (9/99)