

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90135 017 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 505264

1. Entity Name
C. D. HOGAN TREE COMPANY

Principal Place of Business Mailing Address
706 NORTHWEST 24TH ST. **706 NORTHWEST 24TH ST.**
FT. LAUDERDALE FL 33311 **FT. LAUDERDALE FL 33311-3749**

2. Principal Place of Business 3. Mailing Address
520 NE 34 COURT **464 NW 47 COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OAKLAND PARK, FL **FT. LAUDERDALE, FL**

Zip Country Zip Country
33334 **U.S.A.** **33309** **U.S.A.**

4. FEI Number Applied For
59-1670677 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOGAN, C. D.
706 NORTHWEST 24TH ST.
FT. LAUDERDALE FL

7. Name and Address of New Registered Agent
 Name: **Charles D. Hogan II**
 Street Address (P.O. Box Number is Not Acceptable): **464 NW 47 COURT**
 City: **FT. LAUDERDALE, FL** Zip Code: **33309**

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: *Charles D. Hogan II* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOGAN, C. D.	
STREET ADDRESS	706 N.W. 24TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SUMMERSON, TERRY L.	
STREET ADDRESS	2824 NE 3 TERR.	
CITY-ST-ZIP	WILTON MANORS 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	Charles D. Hogan II	
STREET ADDRESS	464 NW 47 COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK HOGAN	
STREET ADDRESS	380 NW 47 COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Hogan	
STREET ADDRESS	610 NE 58 COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL. 33334	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARLA HOGAN	
STREET ADDRESS	1012 New Boothel Road	
CITY-ST-ZIP	Venus, FL. 33960	

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: *Charles D. Hogan II* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)