

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90037 024 \*\*\*150.00

**DOCUMENT # 507800**

1. Entity Name  
**HOGAN LANE DAY CARE, INC.**



Principal Place of Business  
**8019 HOGAN COVE DRIVE  
JACKSONVILLE FL 32221  
US**

Mailing Address  
**8019 HOGAN COVE DRIVE  
JACKSONVILLE FL 32221  
US**



2. Principal Place of Business  
**8019 HoGAN Cove Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**8019 Hogan Cove Drive**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip Country  
**32221 Duval**

Zip Country  
**32221 Duval**

4. FEI Number **59-1679936**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~WOLF, W.A.~~  
**3733 UNIVERSITY BLVD. W. SUITE 203  
JACKSONVILLE FL 32217**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HOGAN, TODD W. 8011 HOGAN COVE DR JACKSONVILLE FL 32221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HOGAN, SHARON 8028 HOGAN COVE DR JACKSONVILLE FL 32221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GRAF, RICHARD J. 8028 HOGAN COVE DR JACKSONVILLE FL 32221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T LITWIN, AMY HOGAN 8020 HOGAN COVE DRIVE JACKSONVILLE FL 32221</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(904) 786-6361

SIGNATURE: Sharon Hogan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 Sharon Hogan, President  
Date Daytime Phone #

CR2E034 (10/02)