

# 2002 UNIFORM BUSINESS REPORT (UBR)

U.S. 993 A1

DOCUMENT # **A01000001506**

1. Entity Name

**HOGSHEAD INVESTMENT PARTNERSHIP II, LTD.**

FILED

02 FEB 28 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**3210 FAIRWAY LANE  
ORLANDO FL 32804**

Mailing Address

**P.O. BOX 871  
PLYMOUTH FL 32768**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOGSHEAD, RODNEY C III  
3210 FAIRWAY LANE  
ORLANDO FL 32804**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

~~\$2,499,900.00~~

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **HOGSHEAD, RODNEY C III, TR**  
STREET ADDRESS **P.O. BOX 871**  
CITY-ST-ZIP **PLYMOUTH FL 32768**

STREET ADDRESS  
CITY-ST-ZIP

**DATE PAID**

**CHECK #**

DOCUMENT #  
NAME **HOGSHEAD, GEORGIANA**  
STREET ADDRESS **P.O. BOX 871**  
CITY-ST-ZIP **PLYMOUTH FL 32768**

STREET ADDRESS  
CITY-ST-ZIP

**AMOUNT**

DOCUMENT #  
NAME **GIOCANNELLI, DOROTHY ANN TRUSTEE**  
STREET ADDRESS **P.O. BOX 871**  
CITY-ST-ZIP **PLYMOUTH FL 32768**

STREET ADDRESS  
CITY-ST-ZIP

**CORRECT SPELLING: GIOVANNELLI**

DOCUMENT #  
NAME **MOORE, MARY JO**  
STREET ADDRESS ~~**P.O. BOX 871**~~  
CITY-ST-ZIP **PLYMOUTH FL 32768**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**000005041530--6**  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]*  
2/22/02

Date

Daytime Phone #

407-886-2232

CR2E003 (9/01)