

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000993

1. Entity Name

MDH FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25

Principal Place of Business

101 E. Kennedy Boulevard
Suite 4000
Tampa, FL 33602-5152

Mailing Address

101 E. Kennedy Boulevard
Suite 4000
Tampa, FL 33602-5152

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3445049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Andrew J. Lubrano, Esq
101 E. Kennedy Blvd Suite 3700
Tampa, FL 33602

7. Name and Address of New Registered Agent

Name

Michael D. Hogan

Street Address (P.O. Box Number is Not Acceptable)

101 E. Kennedy Blvd Suite 4000

City
Tampa

FL

Zip Code
33602

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/23/00

9. Capital Contributions

as Shown on record.

\$743,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

\$743,000.00

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
STREET ADDRESS
CITY-ST-ZIP
HOGAN, MICHAEL D.
101 E. Kennedy Blvd Suite 4000
Tampa, FL 33602

STREET ADDRESS
CITY-ST-ZIP
400003342844-8
-08/01/00-01096-005
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
HOGAN, RHONDA G.
101 E. Kennedy Blvd Suite 4000
Tampa, FL 33602

STREET ADDRESS
CITY-ST-ZIP

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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:

Michael D. Hogan, General Partner

Date

6/23/00

813/274-8000

Daytime Phone #

CR2E003 (9/99)