

3/29/01

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90800 036 \*\*\*\*50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005271

1. Entity Name

HOGAN ELLIOTT, LLC

Principal Place of Business

101 EAST KENNEDY BLVD.  
 SUITE 4000  
 TAMPA FL 33602

Mailing Address

101 EAST KENNEDY BLVD.  
 SUITE 4000  
 TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3714019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, RAYMOND E  
 101 EAST KENNEDY BLVD.  
 SUITE 4000  
 TAMPA FL 33602

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.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *HGRM*  
 NAME *The Hogan Group*  
 STREET ADDRESS *101 E. Kennedy Blvd. Suite 4000*  
 CITY-ST-ZIP *Tampa FL 33602*

☐ Delete☐ Change☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Raymond E. Mills**  
**President**

3/18/02

813-274-8000

Date

Daytime Phone

CFR2083 (9/01)