

2000 UNIFORM BUSINESS REPORT (UBR)

0017875 SP

DOCUMENT # L98000003226

1. Entity Name
HOGAN GLENRIDGE SPONSOR, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 16 PM 2:49

Principal Place of Business
101 EAT KENNEDY BLVD., SUITE 4000
TAMPA FL 33602

Mailing Address
101 EAT KENNEDY BLVD., SUITE 4000
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 E. Kennedy Blvd.
Suite, Apt. #, etc.
Suite 4000
City & State
Tampa FL
Zip 33602 Country

3. Mailing Address
101 E Kennedy Blvd.
Suite, Apt. #, etc.
Suite 4000
City & State
Tampa FL
Zip 33602 Country

4. FEI Number 59-3547327
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLS, RAYMOND
101 EAT KENNEDY BLVD., SUITE 4000
TAMPA FL 33602

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGAN GLENRIDGE SPE, INC. 101 EAT KENNEDY BLVD., SUITE 4000 TAMPA FL 33602	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003184358--6 -03/27/00--01011--010 *****50.00 *****50.00	<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

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 REQUIRED 2/16/00 813/274-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #
Raymond S. Mills Vice President

CR2E083 (9/99)