2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 08, 2001 8:00 am
Secretary of State
02-12-2001 90013 046 ****61.25

DOCUMENT # N00000002326

1. Entity Name

J. TIMOTHY HOGAN FOUNDATION, INC.

Principal Place of Business	Mailing Address
4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103	4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103

65111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5020 Tamiami Trail North	
Suite, Apt. #, etc. 106	Suite, Apt. #, etc.
City & State Naples, Florida	City & State
Zip / Country 34103	Zip / Country

4. FEI Number
65-0999738
☐ Applied For
☐ Not Applicable

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
NAPLES-LAWDOCK, INC. C/O QUARLES & BRADY LLP 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103	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 reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Patricia Scoones 571-94th Ave. Naples, Fl. 34108 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Director Patricia Scoones 571 - 94th Avenue Naples, Florida 34108 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Georgine Hogan-Tebsherany 610-97th Ave North Naples, Fl. 34108 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Director Georgine Hogan-Tebsherany 610-97th Avenue North Naples, Florida 34108 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kathryn Leib-Hunter 4658 Santiago Lane Bonita Springs Fl. 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, Director Kathryn Leib-Hunter 4658 Santiago Lane Bonita Springs, FL 34134 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. Riccardo Rivas. 3435 Tenth St. North. Naples, Fl 34103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dr. Riccardo Rivas, Director 3435 Tenth Street North Naples, Florida 34103 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cindy Rivas. 3435 Tenth. St. North. Naples, Fl 34103 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cindy Rivas, Director 3435 Tenth Street North Naples, Florida 34103 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 617, 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.

SIGNATURE: SIGNATURE REQUIRED Patricia O. Scoones 1/23/01 1-941-263-8838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #