# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 20, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# N00000002326

**Entity Name:** J. TIMOTHY HOGAN FOUNDATION, INC.

**Current Principal Place of Business:**

5020 TAMIAMI TRAIL NORTH
106
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4501 TAMIAMI TRAIL NORTH SUITE 300
NAPLES, FL 34103

**New Mailing Address:**

4501 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

**FEI Number: 65-0999738** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: SCOONES, PATRICIA
Address: 571-94TH AVENUE
City-St-Zip: NAPLES, FL 34108

Title: VPD ( ) Delete
Name: HOGAN-TEBSHERANY, GEORGINE
Address: 610-97TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete
Name: LEIB-HUNTER, KATHRYN
Address: 4658 SANTIAGO LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete
Name: RIVAS, RICHARDO DR
Address: 3435 TENTH STREET NORTH
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: RIVAS, CINDY
Address: 3435 TENTH STREET NORTH
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA SCOONES PD 02/20/2002

Electronic Signature of Signing Officer or Director — Date