

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002326

FILED  
Feb 03, 2003  
Secretary of State

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:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

Title: TD ( ) Change (X) Addition  
Name: MOORE, WILLIAM  
Address: 10321 REGANT CIRCLE  
City-St-Zip: NAPLES, FL 34109

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

02/03/2003

Electronic Signature of Signing Officer or Director

Date

KAY AINSWORTH, DIRECTOR  
7720 CITRUS HILL LANE  
NAPLES, FL 34109