

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001725

FILED
Sep 11, 2002
Secretary of State

Entity Name: THE GREATER HOGAN AREA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2619 PARENTAL HOME ROAD #4
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

PO BOX 551108
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3459964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLEAN, MARK B
2619 PARENTAL HOME ROAD #4
JACKSONVILLE, FL 32216 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: DP () Delete
Name: ELLIS, HERB
Address: 1965 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: MACLEAN, MARK B
Address: 1965 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: HARROLD, VICTOR
Address: 8325 BASCOM ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: ANDERSON, JAMES
Address: 8265 HOGAN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: ANDERSON, JAMES E
Address: 8262 HOGAN ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: SAFFY, RALPH
Address: 2532 LOFBERG DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MACLEAN, MARK B
Address: 2619 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32216

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: MARK B. MACLEAN

DIRE

09/11/2002

Electronic Signature of Signing Officer or Director

Date