

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038872

1. Entity Name  
BILL HOGAN INSURANCE, INC.



Principal Place of Business  
3977 CATTLEMAN ROAD  
SARASOTA FL 34233

Mailing Address  
3977 CATTLEMAN ROAD  
SARASOTA FL 34233

2. Principal Place of Business

3. Mailing Address

5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

Sarasota FL

Zip

Country

34231

Country

USA

4. FEI Number

65-0999961

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

HOGAN, WILLIAM  
3977 CATTLEMAN ROAD  
SARASOTA FL 34233

Name

CATHERINE L. TRACY

Street Address (P.O. Box Number is Not Acceptable)

5900 S. TAMiami TRAIL

SUITE I

City

Sarasota

FL

Zip Code

34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Catherine L. Tracy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT/D  
NAME HOGAN, WILLIAM  
STREET ADDRESS 3977 CATTLEMEN RD  
CITY-ST-ZIP SARASOTA FL 34233

TITLE D/P/T  
NAME HOGAN, WILLIAM  
STREET ADDRESS 3977 CATTLEMEN RD  
CITY-ST-ZIP SARASOTA FL 34233

TITLE VPS  
NAME HOGAN, JACALYN  
STREET ADDRESS 3977 CATTLEMEN RD  
CITY-ST-ZIP SARASOTA FL 34233

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2003 941-378-5535

CR2E034 (10/02)