

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036257

1. Entity Name

HOGAN GLENRIDGE THREE SPE, INC.

Principal Place of Business

101 E. KENNEDY BLVD.
SUITE 4000
TAMPA FL 33602

Mailing Address

101 E. KENNEDY BLVD.
SUITE 4000
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3715906

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

MILLS, RAYMOND E
101 E. KENNEDY BLVD.
SUITE 4000
TAMPA FL 33602

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Michael D. Hogan	
STREET ADDRESS	101 E. Kennedy Blvd Suite 4000	
CITY-ST-ZIP	Tampa FL 33602	
TITLE	Vice President, Secretary and Treasurer	<input type="checkbox"/> Delete
NAME	Raymond E. Mills	
STREET ADDRESS	101 E. Kennedy Blvd. Suite 4000	
CITY-ST-ZIP	Tampa FL 33602	
TITLE	Asst. Secretary	<input type="checkbox"/> Delete
NAME	Rita Pearson	
STREET ADDRESS	101 E. Kennedy Blvd Suite 4000	
CITY-ST-ZIP	Tampa FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond E. Mills
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond E. Mills
Vice President

2/18/02
Date

813-274-8000
Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

04-01-2002 90723 001 ***300.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)