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Date

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 11, 2002 8:00 am P94000001397 **DOCUMENT # Secretary of State** KEITH HOGAN PROPERTIES, INC. 02-11-2002 90135 041 ***150 00 Principal Place of Business Mailing Address 1135 EAST AVE. 1135 EAST AVE. CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address 310 Almond St. Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3221067 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOGAN, KEITH Street Address (P.O. Box Number is Not Acceptable) 1135 EAST AVE. CLERMONT FL 34711 City 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. nd title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)☐ Delete THILE TITLE Change ☐ Addition HOGAN, KEITH NAME NAME 18308 TRIPLE E. ROAD CR2E034 STREET ADDRESS STREET ADDRESS **CLERMONT FL 34712** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOGAN, SARAH NAME 18308 TRIPLE E. ROAD STREET ADDRESS STREET ADDRESS **CLERMONT FL 34712** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOGAN, TURNER NAME NAME 11307 CYPRESS DR. STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certily 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 11 or Block 12 if