

# 2000 UNIFORM BUSINESS REPORT (UBR)

0401503

DOCUMENT # P98000001645

1. Entity Name

HOGAN-BURT DOT, INC.

FILED

00 MAR 16 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

101 E. KENNEDY BOULEVARD  
SUITE 4000  
TAMPA FL 33602

101 E. KENNEDY BOULEVARD  
SUITE 4000  
TAMPA FL 33602-5152

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

59-3498688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUBRANO, ANDREW J  
101 EAST KENNEDY BOULEVARD  
SUITE 3700  
TAMPA FL 33602

Name Raymond E. Mills  
Street Address (P.O. Box Number is Not Acceptable)  
101 E. Kennedy Blvd  
Suite 4000  
City Tampa FL FL Zip Code 33602

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HOGAN, MICHAEL D	
STREET ADDRESS	101 E. KENNEDY BLVD., #4000	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MILLS, RAYMOND E	
STREET ADDRESS	101 E. KENNEDY BLVD., #4000	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VP -	<input type="checkbox"/> Delete
NAME	BURT, JAMES T II	
STREET ADDRESS	2604 WATROUS	
CITY-ST-ZIP	TAMPA FL 33629	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003177853-1	
STREET ADDRESS	-03/21/00--01078--025	
CITY-ST-ZIP	****150.00 ****150.00	
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
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)(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 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

Date

Daytime Phone #

Raymond E. Mills, Vice President

2/16/00 813/274-8000

CR2E034 (9/99)

KE