

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
 04-01-2002 90039 009 ***150.00

0420244 AV

DOCUMENT #	P98000078482
1. Entity Name	
HOGAN SPE GP, INC.	

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD.	101 E. KENNEDY BLVD.
SUITE 4000	SUITE 4000
TAMPA FL 33602	TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

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	59-3533811	<input type="checkbox"/> Applied For
		<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STRASKE, STEPHEN B II
101 E. KENNEDY BLVD.
SUITE 4000
TAMPA FL 33602

7. Name and Address of New Registered Agent	
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	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
<input type="checkbox"/>

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.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.	
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SIGNATURE:	Raymond E. Mills	3/18/02	813-274-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/01)