

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 328818

1. Entity Name
MURRAY LOGAN CONSTRUCTION, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90036 021 ***150.00

Principal Place of Business
313 65TH TRAIL NORTH
WEST PALM BEACH FL 33413

Mailing Address
313 65TH TRAIL NORTH
WEST PALM BEACH FL 33413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1208353		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	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			
MURRAY D LOGAN 17888 BRIAN WAY JUPITER FL 33478				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	LOGAN, MURRAY D.			NAME			
STREET ADDRESS	17888 BRIAN WAY			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			CITY-ST-ZIP			
TITLE	STD	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	VOGEL, CLARENCE A.			NAME			
STREET ADDRESS	6242 FOX RUN CIR.			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL 33458			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	O'LEARY, EDWARD, F.			NAME			
STREET ADDRESS	6500 SANDI LANE			STREET ADDRESS			
CITY-ST-ZIP	GREENACRES FL			CITY-ST-ZIP			
TITLE	V	☐ Delete		TITLE		☐ Change ☐ Addition	
NAME	LOGAN, DAVID			NAME			
STREET ADDRESS	936 DOLPHIN DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JUPITER FL			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☒ Change ☐ Addition	
NAME	LOGAN, ANDREW			NAME			
STREET ADDRESS	6450 AVOCODO RD.			STREET ADDRESS	313 65TH TRAIL N.		
CITY-ST-ZIP	WEST PALM BCH FL 33412			CITY-ST-ZIP	WEST PALM BEACH FL 33413		
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Murray D Logan Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)