

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 739053**

1. Entity Name

**LOGGERS' RUN, INC.**

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90072 028 \*\*\*\*61.25

Principal Place of Business 23257 STATE RD. 7 SUITE 202 BOCA RATON FL 33428 US	Mailing Address 23257 STATE RD. 7 SUITE 202 BOCA RATON FL 33428-5406 US
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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 <b>59-1889615</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PRIME MANAGEMENT**  
**23257 STATE ROAD 7**  
**STE 202**  
**BOCA RATON FL 33428**

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

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BARBIERI, FRANK</b> <b>21026 SHADY VISTA LANE</b> <b>BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALAN JACKSON</b> <b>22472 ORANGE BLOSSOM LANE</b> <b>BOCA RATON FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>JORDAN, JIM</b> <b>21387 SWEETWATER LANE N.</b> <b>BOCA RATON FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FREEDMAN, CYNTHIA</b> <b>11604 TIMERS WAY</b> <b>BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BEALE, TINA</b> <b>11894 ISLAND LAKES LANE</b> <b>BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>RUBINO, STEVEN</b> <b>20858 SUGARLOAF LANE</b> <b>BOCA RATON FL 33428</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SMITH, RODNEY</b> <b>21443 SWEETWATER LANE SOUTH</b> <b>BOCA RATON, FL.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SARG. AT ARMS/D</b> <b>MILLER, BRUCE</b> <b>22499 VISTA WOOD WAY</b> <b>BOCA RATON, FL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Barbieri, President 3/20/00 (561)451-9992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)