

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 739053**

1. Entity Name

LOGGERS' RUN, INC.

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
US

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

59-1889615

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARBIERI, FRANK ☐ Delete
STREET ADDRESS 21026 SHADY VISTA LANE
CITY-ST-ZIP BOCA RATON FLTITLE SAD
NAME MILLER, BRUCE ☐ Delete
STREET ADDRESS 22499 VISTAWOOD WAY
CITY-ST-ZIP BOCA RATON FLTITLE TD
NAME SMITH, RODNEY ☐ Delete
STREET ADDRESS 21443 SWEETWATER LN S.
CITY-ST-ZIP BOCA RATON FLTITLE VP
NAME FREEDMAN, CYNTHIA ☐ Delete
STREET ADDRESS 11604 TIMERS WAY
CITY-ST-ZIP BOCA RATON FLTITLE VPD
NAME BEALE, TINA ☐ Delete
STREET ADDRESS 11894 ISLAND LAKES LANE
CITY-ST-ZIP BOCA RATON FLTITLE SD
NAME RUBINO, STEVEN ☐ Delete
STREET ADDRESS 20858 SUGARLOAF LANE
CITY-ST-ZIP BOCA RATON FL 33428

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE TD ☒ Change ☐ Addition
NAME BARBARA KRASTIN
STREET ADDRESS 11635 Orange Blossom Lane
CITY-ST-ZIP Boca Raton, FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90317 028 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)