

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90056 024 ****61.25

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

746552



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23150-A. Sanchez foot PLAZA
 Suite, Apt. #, etc. DR.

3. Mailing Address

23150 Sandal foot Plaza DR.
 Suite, Apt. #, etc. SUITE A

City & State
 BOCA RATON FL

City & State
 BOCA RATON, FL

4. FEI Number
 59-1889615

Applied For
 Not Applicable

Zip
 33428

Country
 PBC

Zip
 33428

Country
 PBC

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 Doug GRAY, PRES. 2/14/02
 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	<input type="checkbox"/> Delete
NAME	BARBIERI, FRANK	
STREET ADDRESS	21026 SHADY VISTA LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SAD	<input type="checkbox"/> Delete
NAME	MILLER, BRUCE	
STREET ADDRESS	22499 VISTAWOOD WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRASTIN, BARBARA	
STREET ADDRESS	11635 ORANGE BLOSSOM LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEDMAN, CYNTHIA	
STREET ADDRESS	11604 TIMERS WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEALE, TINA	
STREET ADDRESS	11894 ISLAND LAKES LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUBINO, STEVEN	
STREET ADDRESS	20858 SUGARLOAF LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Frank A. Barbieri, Jr. PRES. 2/25/02 451-9992
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)