

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90169 002 ****61.25

01012903

DOCUMENT # 739053

1. Entity Name
LOGGERS' RUN, INC.



Principal Place of Business
**23510-A SANDAL FOOT PLAZA DR
BOCA RATON FL 33428
US**

Mailing Address
**23510-A SANDAL FOOT PLAZA DR
BOCA RATON FL 33428
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1889615**

Applied For
Not Applicable

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

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

Name **Louis Caplan**
Street Address (P.O. Box Number is Not Acceptable)
**70 SACS, SAKY KLIEN, P.A
301 Yamato Rd, SUITE 301**
City **BOCA RATON** FL Zip Code **33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LOUIS CAPLAN, Esq.** DATE **3/18/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBIERI, JR., FRANK A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" 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	SAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODNEY SMITH	
STREET ADDRESS	21443 SWEETWATER LANE SOUTH	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VPD	<input checked="" 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 I am empowered.

SIGNATURE: **TINA BEALE, PRESIDENT** DATE **3/17/03** **81-997-5700**

CR2E037 (10/02)