

2001 UNIFORM BUSINESS REPORT (UBR)

0013615 AF

DOCUMENT # L99000000951

1. Entity Name
LOGSDON/NICOLINI OF TAMPA LIMITED COMPANY

FILED

01 FEB -2 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407
Mailing Address: 2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407

2. Principal Place of Business: **- SAME AS ABOVE -**
3. Mailing Address: **- SAME AS ABOVE -**

DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3572136** Applied For: Not Applicable:

5. Certificate of Status Desired: \$5.00 Additional Fee Required:

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LOGSDON, JOHN M 2600 NORTH FLAGLER DRIVE, SUITE 1012 WEST PALM BEACH FL 33407				Name: N/A			
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE: MGR	NAME: LOGSDON, JOHN M	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 200 MOCKINGBIRD TRAIL	CITY-ST-ZIP: PALM BEACH FL 33480		STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	<input type="checkbox"/> Delete	TITLE:	NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:		STREET ADDRESS:	CITY-ST-ZIP:	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: **1/30/01** Daytime Phone #: **561-832-5819**

CR2E083 (11/00)