

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90025 039 ***150.00

DOCUMENT # P95000019170

1. Entity Name

LOGAN CAROLINA PLACE REALTY CORP.

Principal Place of Business

Mailing Address

**11540 HIGHWAY 92 EAST
 SEFFNER FL 33584**

**11540 HIGHWAY 92 EAST
 SEFFNER FL 33584**

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

59-3302046

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, LARRY
 11420 HWY. 92 E.
 SEFFNER FL 33584**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SEAMAN, JULIE	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEIN, LEWIS	
STREET ADDRESS	11540 HWY 92 E	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINICER, JEFFNER	
STREET ADDRESS	11540 HWY 92 E	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHWARTZ, LARRY	
STREET ADDRESS	11540 HWY 92 E	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

Date

Daytime Phone #

CR2E034 (9/99)