

2001 UNIFORM BUSINESS REPORT (UBR)

001560 AF

DOCUMENT # **A30156**

1. Entity Name

LOGGERHEAD ASSOCIATES, LTD.

Principal Place of Business

**151 SAWGRASS CORNERS DRIVE
#202
PONTE VEDRA BEACH FL 32082**

Mailing Address

**151 SAWGRASS CORNERS DRIVE
#202
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 JUN 28 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0234900

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERBER, PAUL S.
363 ATLANTIC BLVD., SUITE 3-A
ATLANTIC BEACH FL 32233**

7. Name and Address of New Registered Agent

Name **Paul S. Ferber**
Street Address (R.O. Box Number is Not Acceptable) **151 Sawgrass Corners Dr #202**
City **Ponte Vedra Beach FL** Zip Code **32082**

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 **Paul S. Ferber**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

9. Capital Contributions as Shown on record.

\$107,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L83629**
NAME **LOGGERHEAD ONE CORP.**
STREET ADDRESS **151 SAWGRASS CORNERS DRIVE, #202**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500004469585--1

STREET ADDRESS

CITY-ST-ZIP

-07/11/01--01063--002

******526.25 ****526.25**

DOCUMENT #

NAME

STREET ADDRESS

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Paul S. Ferber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-01

Date

Daytime Phone #

CR2E003 (11/00)