

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90165 026 \*\*\*150.00

**DOCUMENT # F96000001988**

1. Entity Name  
**LOGS FINANCIAL SERVICES, INC.**

Principal Place of Business  
**8120 NATIONS WAY, #100**  
**JACKSONVILLE FL 32256**  
**US**

Mailing Address  
**C/O MICHAEL BARRON, LEGAL DEPT.**  
**4201 LAKE COOK ROAD, 2ND FLOOR**  
**NORTHBROOK IL 60062**

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  
**36-3652582**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (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, 2002 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 ☐ Delete  
**PD**  
NAME **SHAPIRO, GERALD M**  
STREET ADDRESS **2140 PAINTERS LAKE**  
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
**DV**  
NAME **KREISMAN, DAVID S**  
STREET ADDRESS **86 PROSPECT**  
CITY-ST-ZIP **HIGHLAND PARK IL 60035**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
**S**  
NAME **HEITTER, NANCY L**  
STREET ADDRESS **410 NORTH WHEELING ROAD**  
CITY-ST-ZIP **PROSPECT HEIGHTS IL 60070**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
**T**  
NAME **ROSENBAUM, LAWRENCE**  
STREET ADDRESS **15513 QUAIL RUN DR.**  
CITY-ST-ZIP **BARNESTOWN MD**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
TITLE  
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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT DOC# F96000001988  
823825

4201 Lake Cook Road  
Northbrook, IL 60062

## LOGS Financial Services, Inc.

February 8, 2002

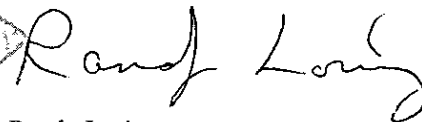
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

You will find enclosed a Uniform Business Report filed on behalf of LOGS Financial Services, Inc. I have also submitted a check for \$150.00 made payable to the Department of State. Please ensure this filing is completed in a timely manner.

If you have any questions or concerns, please call me at (847) 291-9100, extension 156. You may also contact me by e-mail at [RandyL@LOGS.com](mailto:RandyL@LOGS.com).

Sincerely,



Randy Loring