

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L32539

1. Entity Name

LOGAN VENTURES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90249 019 ***150.00

Principal Place of Business

Mailing Address

2725 JUDGE FRAN JAIMESON WAY
MELBOURNE FL 32940
US

3678 MEADOWOOD CT.
MELBOURNE FL 32935-4735
US

2. Principal Place of Business

3. Mailing Address

1656 PGA BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MELBOURNE, FL

4. FEI Number

59-2984133

Applied For

Not Applicable

Zip

Country

Zip

32935

Country

BREVARD

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

MIONE, MICHAEL T
3678 MEADOWOOD CT.
MELBOURNE FL 32935

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 ☐ Delete
NAME D
STREET ADDRESS MIONE, MARLA
CITY-ST-ZIP 3678 MEADOWOOD CT.
MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
NAME 1656 PGA BLVD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MIONE, MICHAEL T
CITY-ST-ZIP 3678 MEADOWOOD CT.
MELBOURNE FL 32935

TITLE ☐ Change ☐ Addition
NAME 1656 PGA BLVD
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 Required

MIKE MIONE

01-12-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(312) 638-0057

CR2E034 (9/99)