

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-19-2000 90249 019 \*\*\*150.00

**DOCUMENT # L32539**

1. Entity Name  
**LOGAN VENTURES, INC.**

Principal Place of Business: **2725 JUDGE FRAN JAIMESON WAY MELBOURNE FL 32940 US**

Mailing Address: **3678 MEADOWOOD CT. MELBOURNE FL 32935-4735 US**

2. Principal Place of Business: **2725 JUDGE FRAN JAIMESON WAY MELBOURNE FL 32940 US**

3. Mailing Address: **1656 PGA BLVD**

Suite, Apt. #, etc.: \_\_\_\_\_

City & State: \_\_\_\_\_

City & State: **MELBOURNE, FL**

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Zip: **32935** Country: **BREVARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2984133** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **MIONE, MICHAEL T 3678 MEADOWOOD CT. MELBOURNE FL 32935**

7. Name and Address of New Registered Agent: \_\_\_\_\_

City: \_\_\_\_\_ State: **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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>MIONE, MARLA</b>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>1656 PGA BLVD</b>
STREET ADDRESS: <b>3678 MEADOWOOD CT.</b>	CITY-ST-ZIP: <b>MELBOURNE FL 32935</b>	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>MIONE, MICHAEL T</b>	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>1656 PGA BLVD</b>
STREET ADDRESS: <b>3678 MEADOWOOD CT.</b>	CITY-ST-ZIP: <b>MELBOURNE FL 32935</b>	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	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: **MIKE MIONE** 01-12-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **(312)638-0057**  
Daytime Phone #

CR2E034 (9/99)