

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

DOCUMENT # N98000003905

1. Entity Name

JONATHAN LOGAN EDUCATIONAL FOUNDATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

02-05-2000 90002 029 ****70.00

Principal Place of Business

Mailing Address

432 MCKENZIE AVE
PANAMA CITY FL 32401432 MCKENZIE AVE
PANAMA CITY FL 32401-3133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1584416

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

X \$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

PERRY, LARRY
 432 MCKENZIE AVE
 PANAMA CITY FL 32401

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 reinstalling)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME SNOW, CATHY
 STREET ADDRESS 519 GANOUS RD
 CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE ☐ Change ☐ Addition
 NAME LEGAL DIRECTOR
 STREET ADDRESS LARRY, PERRY
 CITY-ST-ZIP 432 MCKENZIE AVE
 PANAMA CITY FL 32401

TITLE ☐ Delete
 NAME SNOW, GREG
 STREET ADDRESS 519 GANOUS RD
 CITY-ST-ZIP PANAMA CITY BEACH FL 32413

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

TITLE ☐ Delete
 NAME MITCHELL, Nanci
 STREET ADDRESS 310 EVERGREEN ST
 CITY-ST-ZIP PANAMA CITY BEACH FL 32407

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

TITLE ☐ Delete
 NAME MITCHELL, DONOVAN
 STREET ADDRESS 310 EVERGREEN ST
 CITY-ST-ZIP PANAMA CITY BEACH FL 32407

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with other like empowered.

SIGNATURE:

Signature of Legal Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 850-784-9000
 X 217