

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90001 006 \*\*\*150.00

**DOCUMENT # P36668**

1. Entity Name  
**LOGAN FORT MYERS REALTY CORP.**

Principal Place of Business <b>11540 HWY 92 EAST          SEFFNER FL 33584          US</b>	Mailing Address <b>11540 HWY 92 EAST          SEFFNER FL 33584          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>11-3042406</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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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**

**BEYER, DAVID A  
 C/O RUDNICK & WOLFE  
 101 EAST KENNEDY BLVD., SUITE 2000  
 TAMPA FL 33602-5133**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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, 2001 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>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SEAMAN, JULIE</b>	
STREET ADDRESS	<b>11540 HWY 92 EAST</b>	
CITY-ST-ZIP	<b>SEFFNER FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FINKEL, JEFFREY</b>	
STREET ADDRESS	<b>11540 HWY 92 EAST</b>	
CITY-ST-ZIP	<b>SEFFNER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>STEIN, LEWIS</b>	
STREET ADDRESS	<b>11540 HWY 92 EAST</b>	
CITY-ST-ZIP	<b>SEFFNER FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, LARRY</b>	
STREET ADDRESS	<b>11540 HWY 92 E</b>	
CITY-ST-ZIP	<b>SEFFNER FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **SECY** Date: 4-16-2001 Daytime Phone #: 813 628 5400

CR2E034 (10/00)