

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90029 023 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000008254

1. Entity Name

LOG CABIN GROUNDS MAINTENANCE, INC.

DO NOT WRITE IN THIS SPACE

425071

2. Principal Place of Business
3000 MERRILL AVENUE

3. Mailing Address
3000 MERRILL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER FL

City & State
CLEARWATER

4. FEI Number
59-3163205

Applied For
Not Applicable

Zip **33759** Country **USA**

Zip **33759** Country **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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 date if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PRESIDENT
HENNIGER, KENT S
3000 MERRILL AVENUE
CLEARWATER FL 33759**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VICE PRESIDENT
HENNIGER, GORDON
7635 40th AVENUE NORTH
ST PETERSBURG FL 33709**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VICE PRESIDENT
SHAW, THOMAS
13867 61st STREET NORTH
CLEARWATER FL 33760**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENT S HENNIGER, P

3-3-02 727-796-6977

Date

Daytime Phone

CR2E034B (12/01)