

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025851

1. Entity Name

FRANK C. LOGAN, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90069 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~121 NORTH OSCEOLA AVENUE~~  
~~SUITE 300~~  
~~CLEARWATER FL 33755~~  
~~US~~

~~121 NORTH OSCEOLA AVENUE~~  
~~SUITE 300~~  
~~CLEARWATER FL 33765-4435~~  
~~US~~

2. Principal Place of Business

703 Bayview Drive

Suite, Apt. #, etc.

3. Mailing Address

703 Bayview Drive

Suite, Apt. #, etc.

City & State  
Belleair, FL 33756

City & State  
Belleair, FL 33756

4. FEI Number 59-3306959

Applied For

Not Applicable

Zip Country  
US

Zip Country  
US

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

LOGAN, SUZANNE K  
~~121 NORTH OSCEOLA AVE~~  
~~SUITE 300~~  
~~CLEARWATER FL 33755~~

Name  
LOGAN, SUZANNE K.

Street Address (R.O. Box Number is Not Acceptable)  
703 Bayview Drive

City Belleair, FL Zip Code 33756

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 PD ☐ Delete  
NAME LOGAN, SUZANNE K  
STREET ADDRESS ~~121 NORTH OSCEOLA AVE., SUITE 300~~  
CITY-ST-ZIP ~~CLEARWATER FL 33755~~

TITLE PD ☒ Change ☐ Addition  
NAME LOGAN, SUZANNE K.  
STREET ADDRESS 703 BAYVIEW DRIVE  
CITY-ST-ZIP BELLEAIR, FL 33756

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  
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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:

*Suzanne K Logan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/00

CR2E034 (9/99)