

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/31

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90101 011 \*\*\*500.00  
09-13-2000 90014 027 \*\*\*\*50.00

**DOCUMENT # P98000005681**

1. Entity Name

**FAMILY LOGGING, INC.**

Principal Place of Business

299 TALLAHASSEE ST.  
EASTPOINT FL 32328

Mailing Address

P. O. BOX 966  
EASTPOINT FL 32328

2. Principal Place of Business

~~Franklin County~~

3. Mailing Address

~~P.O. Box 966~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~East Point FL~~

City & State

~~East Point FL~~

Zip

~~32328~~

Country

~~USA~~

Zip

~~32328~~

Country

~~USA~~

4. FEI Number

59-3487452

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CROSBY, RALPH C  
299 TALLAHASSEE ST.  
EASTPOINT FL 32328

7. Name and Address of New Registered Agent

Name

~~Ralph Crosby~~

Street Address (P.O. Box Number is Not Acceptable)

~~299 TALLAHASSEE ST~~

City

~~East Point~~

FL

Zip Code

~~32328~~

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

*I DO NOT WISH TO CHANGE ANY THING MY MISTAKE 8-28-00*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Ralph Crosby*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	CROSBY, RALPH	
STREET ADDRESS	299 TALLAHASSEE STREET	
CITY-ST-ZIP	EAST POINT FL 32328	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

*S. R. Ruff* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

September 5, 2000

FAMILY LOGGING, INC.  
P. O. BOX 966  
EASTPOINT, FL 32328

Subject: ~~FAMILY LOGGING, INC.~~

Reference Number: P98000005681

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$500.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ap

ANNUAL REPORTS SECTION