

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063657

1. Entity Name

LOGAN LIMOUSINE SERVICE, INC.

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

01-21-2000 90069 016 ***150.00

Principal Place of Business

Mailing Address

14000 MILITARY TRAIL SUITE 104
DELRAY BEACH FL 33484

14000 MILITARY TRAIL SUITE 104
DELRAY BEACH FL 33484-2610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851340

Applied For

Not Applicable

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

YANKEE, FRED
7570 DUNCREST ROAD
LAKE WORTH FL 33467

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.

FRED YANKEE

(NOTE: Registered Agent signature required when reinstating)

1-12-2000

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
NAME LOGAN, PAUL
STREET ADDRESS 3590 UNIVERSITY DRIVE BLDG 6C
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

TITLE PO
NAME YANKEE FRED
STREET ADDRESS 7570 DUNCREST ROAD
CITY-ST-ZIP LAKE WORTH FL 33467 ☒ Change ☐ Addition

TITLE STD
NAME YANKEE, FRED
STREET ADDRESS 7570 DUNCREST ROAD
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED YANKEE

Date

Daytime Phone #

1-12-2000

499.8448

CR2E034 (9/99)