

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063657

1. Entity Name

LOGAN LIMOUSINE SERVICE, INC.

FILED

Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90095 003 \*\*\*150.00

Principal Place of Business

Mailing Address

2400 HIGH RID

14000 MILITARY TRAIL SUITE 104  
DELRAY BEACH FL 33484

14000 MILITARY TRAIL SUITE 104 BOYNTON  
DELRAY BEACH FL 33484

2910 N.W. COMMERCIAL PARK DR B-3

BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

2910 NW COMMERCIAL PK

2400 HIGH RIDER RD 103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ROAD B-3

City & State

City & State

BOYNTON BEACH FL

BOYNTON BEACH FL

Zip

Country

Zip

Country

33426

PBC

33426

PBC

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

FRED YANKEE

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

(NOTE: Registered Agent signature required prior to filing)

DATE

1-6-01

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

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

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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☐ 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

PBEI

1-6-01

Date

736-8448

Daytime Phone #

0514018

CR2E034 (10/00)