

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000066304**

1. Entity Name

ALAN LOGAN CARRIERS, INC.

Principal Place of Business

**4208 NW 75TH AVE
CORAL SPRINGS FL 33065**

Mailing Address

**4208 NW 75TH AVE
CORAL SPRINGS FL 33065**

2. Principal Place of Business

4208 NW 75TH AVE

Suite, Apt. #, etc.

3. Mailing Address

4208 NW 75TH AVE

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL.

City & State

CORAL SPRINGS FL.

Zip

33065

Country

U.S.A

Zip

33065

Country

U.S.A

4. FEI Number

65-0936597

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

LOGAN, ALAN**4208 NW 75TH AVENUE****CORAL SPRINGS FL 33065**

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.

(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, 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	PTD	<input type="checkbox"/> Delete
NAME	N.G. LOGAN, ALAN N	
STREET ADDRESS	4208 NW 75TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SVD	<input type="checkbox"/> Delete
NAME	E.T. LOGAN, CHEVANNEASE	
STREET ADDRESS	4208 NW 75TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	C.R. LOGAN, KIMIKA	
STREET ADDRESS	4208 NW 75TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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: *Alan N. Logan*

SIGNATURE AND TYPE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALAN LOGAN, PRES. 4-10-01 9545750407**FILED**
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90053 012 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)