## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P99000092992** JIM LOGAN'S GOLF CLUBHOUSE, INC. 04-27-2001 90293 037 \*\*\*158.75 Principal Place of Business Mailing Address 2001 N FEDERAL HWY 905 WATERWAY VILLAGE CT PALM BEACH FL 33483 WEST PALM BEACH FL 33413 645979 2. Principal Place of Business 3. Mailing Address 2001 N. FEDERAL HICKWAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE UNIT 6 City & State City & State 4. FEI Number Applied For 65-0957372 Oslavi Broch Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 33483 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIES, LEEANN Street Address (P.O. Box Number is Not Acceptable) 12570 ORANGE GROVE BOULEVARD ROYAL PALM BEACH FL 33411 City 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 (if e if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE HOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME LOGAN, JAMES P MAME STREET ADDRESS STREET ADDRESS 905 WATERWAY VILLAGE COURT CITY - ST- ZIP CiTY-ST-ZIP WEST PALM BEACH FL 33413 TITLE ☐ Delete THEF Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Additio: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TiTLE Delete THREE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TATALE ☐ Delete TITLE ☐ Change [1] Addition NAME NAME

13. Thereby 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 cortify 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 or an attachment with an address; with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

Cipul 20 2001

541-272-0686