

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092992

1. Entity Name
JIM LOGAN'S GOLF CLUBHOUSE, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90121 035 ***158.75

Principal Place of Business

2001 N FEDERAL HWY
UNIT G
PALM BEACH FL 33483

Mailing Address

905 WATERWAY VILLAGE CT
WEST PALM BEACH FL 33413

2. Principal Place of Business

2001 N. Federal Highway

3. Mailing Address

1016 Waterway Village CT

Suite, Apt. #, etc.

Unit G

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

West Palm Beach, FL

Zip

33483

Country

Palm Beach

Zip

33413

Country

Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0957372

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIES, LEEANN
12570 ORANGE GROVE BOULEVARD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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, 2002 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

TITLE 0
NAME LOGAN, JAMES P
STREET ADDRESS 905 WATERWAY VILLAGE COURT
CITY-ST-ZIP WEST PALM BEACH FL 33413

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 0
NAME LOGAN, JAMES P
STREET ADDRESS 1016 Waterway Village Court
CITY-ST-ZIP W. P. B, FL 33413

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/01)