

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90211 007 ***158.75

DOCUMENT # P99000092992

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



Principal Place of Business
**2001 N FEDERAL HWY
UNIT G
PALM BEACH FL 33483**

Mailing Address
**1016 WATERWAY VILLAGE CT
WEST PALM BEACH FL 33413**



2. Principal Place of Business
2001 North Federal Hwy

3. Mailing Address
8057 BOCA RIO DRIVE

Suite, Apt. #, etc.
UNIT G

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Delray Beach FL

City & State
Boca Raton FL

4. FEI Number
65-0957372

Applied For
Not Applicable

Zip
33483

Country
USA

Zip
33433

Country
USA

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

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

Name

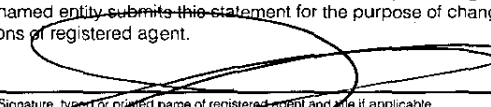
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4/18/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**0
LOGAN, JAMES P
1016 WATERWAY VILLAGE COURT
WEST PALM BEACH FL 33413** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OWNER
JAMES P. LOGAN
8057 BOCA RIO DRIVE
BOCA RATON, FL 33433** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

4/18/03
Date

561-477-9636
Daytime Phone #

CR2E034 (10/02)