

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # **M 99000001656**
 1. Entity Name
LEGENDS GOLF, LLC

FILED
 01 OCT 23 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2255 Old Maultrie Rd.** 3. Mailing Address **2255 Old Maultrie Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **ST. Augustine, FL.** City & State **ST. Augustine, FL.**
 Zip **32086** Country **USA** Zip **32086** Country **USA**

4. FEI Number **33-0838334** Applied For Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
Mr. Lawrence M. Charles
201 Health Park Blvd, #101
ST. Augustine, FL. 32084

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.


FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

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-10/30/01--01083--002
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Edmond Boyke 19762 MacArthur Blvd, #140 Irvine, CA 92612 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lawrence M. Charles, VP Lawrence M. Charles 201 Health Park Blvd, #101 ST. Augustine, FL. 32084 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary James Spahn 1216 Granite Cr. Bethlehem, PA 18017 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Alexander H. Von Welczock 6064 Shelter Bay Ave Mill Valley, CA 94941 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Lawrence M. Charles** 10.22.01 (904) 794-2750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)