

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90012 010 \*\*\*\*61.25

0046159

**DOCUMENT # N01000007467**

1. Entity Name

**THE LEGACY FOUNDATION AT SHELL POINT, INC.**

Principal Place of Business 15010 SHELL POINT BOULEVARD FORT MYERS FL 33908	Mailing Address 15010 SHELL POINT BOULEVARD FORT MYERS FL 33908
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>80-0002415</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**PAGE, PAUL**  
 15010 SHELL POINT BOULEVARD  
 FORT MYERS FL 33908

**7. Name and Address of New Registered Agent**

Name: **PETER DYS**  
 Street Address (P.O. Box Number is Not Acceptable): **15000 SHELL POINT BOULEVARD**  
 City: **FORT MYERS** FL Zip Code: **33908**

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]* DATE: **3/27/02**

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BAYES, DENIS</b> <input checked="" type="checkbox"/> Delete 15000 SHELL POINT BOULEVARD FORT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CORY, JEFF</b> <input checked="" type="checkbox"/> Delete 15010 SHELL POINT BOULEVARD FORT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>PAGE, PAUL</b> <input checked="" type="checkbox"/> Delete 2412 KENT AVENUE FORT MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SCOTT, ROBERT MICHAEL</b> 2525 N. 117TH AVENUE OMAHA, NE 68164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DE WITT, CHARLES</b> 9 VILLAGE CIRCLE MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAVIDSON, JOHN W.</b> 128 WESTRIDGE COURT CHAPIN, SC 29036
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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]* DATE: **3/27/02** DAYTIME PHONE #: **239-454-2155**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (9/01)