

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007164

1. Entity Name

LEGENDS GOLF & COUNTRY CLUB MASTER ASSOCIATION,

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90113 026 \*\*\*\*61.25

Principal Place of Business LEGENDS GOLF & COUNTRY CLUB 14500 FIDDLESTICKS BLVD FORT MYERS FL 33912 US	Mailing Address C/O MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI FL 33186-6715 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business LEGENDS GOLF & COUNTRY CLUB Suite, Apt. #, etc. 9100 LEGENDS BLVD City & State FT. MYERS, FL Zip 33912	Country	3. Mailing Address LEGENDS GOLF & COUNTRY CLUB Suite, Apt. #, etc. 9100 LEGENDS BLVD City & State FT. MYERS, FL Zip 33912	Country
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4. FEI Number 65-0767283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION  
 NATIONS BANK TOWER  
 100 SE 2ND STREET, SUITE 2800  
 MIAMI FL 33131-2144

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	PD GEARY, DENISE 6450 NW 110 AVE MIAMI FL 33178 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, DOUGLAS 13891 JETPORT LOOP, STE 9 & 10 FORT MYERS FL 33913 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCHESENEY, VALERIE 13891 JETPORT LOOP, SUITES 9 & 10 FORT MYERS FL 33913 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIERPIK, JILL 8190 ST ROAD 84 DAVIE FL 33324 <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	<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
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 REQUIRED DATE: 3-24-00 (941) 561-8240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)