

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088120

1. Entity Name

L & S LEGACY CORP.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90126 023 ***150.00

Principal Place of Business

Mailing Address

SUITE 505
 4400 P.G.A. BLVD
 PALM BEACH GARDENS FL 33410

SUITE 505
 4400 P.G.A. BLVD
 PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

2000 PGA Blvd.

2000 PGA Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 4410

Suite 4410

City & State

City & State

N. Palm Beach, FL

N. Palm Beach, FL

Zip

Country

Zip

Country

33408-2738

USA

33408-2738

4. FEI Number

65-0788647

Applied For

Not Applicable

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

HACKNEY, ROBERT C

SUITE 505

4400 P.G.A. BLVD

PALM BEACH GARDENS FL 33410

2000 PGA Blvd., Suite 4410

N. Palm Beach, FL

Name

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

33408-2738

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D HACKNEY, ROBERT C
 STREET ADDRESS SUITE 505, 4400 P.G.A. BLVD.
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
 NAME XX
 STREET ADDRESS 2000 PGA Blvd, Suite 4410
 CITY-ST-ZIP N. Palm Beach, FL 33408-2738

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

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

4/28/00

Date

561-627-0677

Daytime Phone #

Robert C. Hackney

CR2E034 (9/99)