

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000011068

Entity Name: JOEY'S LEGACY, INC.

Current Principal Place of Business:

121 NORTHPOINT DRIVE
APT 1610
LEXINGTON, SC 29072

FILED
Jan 30, 2022
Secretary of State
4631304394CC

Current Mailing Address:

121 NORTHPOINT DRIVE
1610
LEXINGTON, SC 29072 US

FEI Number: 82-3308803

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FINE, SCOTT M
121 NORTHPOINT DRIVE
1610
LEXINGTON, FL 29072 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FOUNDER/PRESIDENT
Name FINE, SCOTT M
Address 121 NORTHPOINT DRIVE
 1610
City-State-Zip: LEXINGTON SC 29072

Title TREASURER
Name FINE, DEBBIE L
Address 121 NORTHPOINT DRIVE
 1610
City-State-Zip: LEXINGTON SC 29072

Title VP
Name WARE, JODI
Address 2010 RIVERGLEN FOREST DRIVE
City-State-Zip: KINGWOOD TX 77345

Title DIRECTOR
Name MORTISE, KIM
Address 3315 BASELINE ROAD
City-State-Zip: GRAND ISLAND NY 14072

Title DIRECTOR
Name FRIES, STEVEN
Address 3253 PELAS CIRCLE
City-State-Zip: FORT MYERS FL 33917

Title DIRECTOR
Name ROBB, JERRY L
Address 3328 E WHIPPOORWILL DRIVE
City-State-Zip: DULUTH GA 30096

Title DIRECTOR
Name SHERMAN, CHRISTY
Address 18 CHICORY LANE
City-State-Zip: RIVERWOODS IL 60015

Title DIRECTOR
Name BIFFAR, JOHN
Address 12620 WORLD PLAZA LANE
 SUITE #1
City-State-Zip: FORT MYERS FL 33907

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT FINE

PRESIDENT

01/30/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CANNIZZARO, DVM, ROBIN
Address 26139 HALSEY ROAD
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR
Name HOYT, ESQ., PEGGY
Address 254 PLAZA DRIVE
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name BERGSTEN, ESQ., KRISTINA
Address 2216 JOLIET ST.
City-State-Zip: AURORA CO 80010

Title RECORDING SECRETARY
Name BEASLEY, COLLEEN
Address 900 F ST., APT.303
303
City-State-Zip: SAN DIEGO CA 92101

Title DIRECTOR
Name HYDE, CARRIE
Address 14712 FRANKLIN AVENUE
UNIT M
City-State-Zip: TUSTIN CA 92780

Title DIRECTOR
Name MORRISON-RICORDATI, ESQ., ANNA
Address 134 NORTH LASALLE ST, NINTH
FLOOR
City-State-Zip: CHICAGO IL 60602

Title DIRECTOR
Name GRUCCIO, LISA
Address 9933 FLORAL PARK LANE
City-State-Zip: BOCA RATON FL 33428

Title DIRECTOR
Name SHARON, KRISTIE
Address 3103 EUGENE LANE
City-State-Zip: AURORA IL 60504