

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001447

1. Entity Name

THE LEGACY CLUB AT ALAQUA LAKES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business  
1700 ALAQUA LAKES BLVD.  
LONGWOOD FL 32779

Mailing Address  
1700 ALAQUA LAKES BLVD.  
LONGWOOD FL 32779-3178

2. Principal Place of Business

3. Mailing Address

7120 S. Beneva Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota FL

Zip

Country

Zip

34238

Country

USA

4. FEI Number

59-3516563

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PESHKIN, JOHN R  
7120 S. BENEVA ROAD  
SARASOTA FL 34238

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$10,117,976.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$9,308,602.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000037904  
NAME THE LEGACY CLUB, INC.  
STREET ADDRESS 1700 ALAQUA LAKES BLVD.  
CITY - ST - ZIP LONGWOOD FL 32779

STREET ADDRESS

CITY - ST - ZIP

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/7/00 (941) 927-0999

CR2E003 (5/99)