2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 08:00 AM
Secretary of State

DOCUMENT # A99000001597

1. Entity Name
LEGACY PLACE, LTD.

Principal Place of Business	Mailing Address
400 EAST SOUTH STREET ORLANDO FL 32801	400 EAST SOUTH STRET ORLANDO FL 32801

2. Principal Place of Business		3. Mailing Address	
450 S. ORANGE AVENUE		450 S. ORANGE AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO FL		City & State: ORLANDO FL	
Zip: 32801	Country:	Zip: 32801	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3600599 ☐ 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
BOURNE ROBERT A 400 EAST SOUTH STREET ORLANDO FL 32801 US	Name: BOURNE ROBERT A Street Address (P.O. Box Number is Not Acceptable): 450 S. ORANGE AVENUE City: ORLANDO FL Zip Code: 32801

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 ______________________ 02/04/2000
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. 1,687,500.00

10. Amount of Capital Contributions in FLORIDA to date. 1,687,500.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	 LEGACY PLACE INC 400 EAST SOUTH STREET ORLANDO FL	STREET ADDRESS CITY-ST-ZIP	450 S. ORANGE AVENUE ORLANDO FL 32801
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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: ROBERT A. BOURNE, PRESIDENT OF GP 02/04/2000