2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # A99000001597

1. Entity Name
LEGACY PLACE, LTD.

Principal Place of Business	Mailing Address
450 S. ORANGE AVENUE	450 S. ORANGE AVENUE
ORLANDO FL	ORLANDO FL
32801	32801

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 4920	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO FL	
Zip	Country	Zip 32802	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	Name
450 S. ORANGE AVENUE	Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL	
32801 US	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 ______________________________ 04/04/2001
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. Amount of Capital Contributions in FLORIDA to date.	11.
1,687,500.00	5,005.00	**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 #		STREET ADDRESS	
NAME	LEGACY PLACE INC		
STREET ADDRESS	450 S. ORANGE AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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NAME			
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CITY-ST-ZIP			

CR2E003 (11/00)

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: LYNN E. ROSE S 04/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #