

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001927

1. Entity Name

LEGACY MANAGEMENT GROUP, LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4243 MARK ST.  
TEQUESTA FL 33469

Mailing Address

4243 MARK ST.  
TEQUESTA FL 06237-1408

2. Principal Place of Business

6 LATHAM HILL RD

3. Mailing Address

6 LATHAM HILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COLUMBIA CT

City & State

COLUMBIA CT

4. FEI Number

65-0971606

Applied For

Not Applicable

Zip

06237

Country

USA

Zip

06237

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, PAIGE C  
4243 MARK ST.  
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name Florida Incorporators, Inc.

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

1221 Brickell Ave.

Suite 900

City

Miami

FL

Zip Code

33131

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

*Mark Hankins* Mark Hankins, President 4/20/00

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.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0.00

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

DOCUMENT # P99000068971  
NAME CHARISMARK, INC.  
STREET ADDRESS 123 EGRET DR.  
CITY - ST - ZIP JUPITER FL 33458

13. ADDRESS CHANGES ONLY

STREET ADDRESS 6 LATHAM HILL RD  
CITY - ST - ZIP COLUMBIA CT 06237

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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: *PAIGE C. JONES* SIGNATURE REQUIRED: *CHARISMARK, G.P.* 2/8/00 860.228.7531  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #