

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004832

1. Entity Name

TROON LEGACY INC.

FILED

Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90130 038 ***150.00

Principal Place of Business

Mailing Address

16100 NORTH GREENWAY HAYDEN LOOP, STE. 200
C/O TROON GOLF. L.L.C.
SCOTTSDALE AZ 85260

16100 NORTH GREENWAY HAYDEN LOOP, STE. 200
C/O TROON GOLF. L.L.C.
SCOTTSDALE AZ 85260

2. Principal Place of Business

15044 N. SCOTTSDALE RD.

Suite, Apt. #, etc.

STE. 300

City & State

SCOTTSDALE, AZ

Zip
85254

Country
USA

3. Mailing Address

15044 N. SCOTTSDALE RD.

Suite, Apt. #, etc.

STE. 300

City & State

SCOTTSDALE, AZ

Zip
85254

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0928885

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARMANY, DANA 16100 NORTH GREENWAY HAYDEN LOOP, STE. 200 SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MUNSON, JOHN 16100 NORTH GREENWAY HAYDEN LOOP, STE. 200 SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SAUTER, JOHN 16100 NORTH GREENWAY HAYDEN LOOP, STE. 200 SCOTTSDALE AZ 85260	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHANTZ, TIM 16100 NORTH GREENWAY HAYDEN LOOP, STE. 200 SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, DARIN D 1510 ARRAWANA AVE S. TAMPA BAY FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GARMANY, DANA 15044 N. SCOTTSDALE RD. #300 SCOTTSDALE, AZ 85254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MUNSON, JON 15044 N. SCOTTSDALE RD. #300 SCOTTSDALE, AZ 85254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHANTZ, TIM 15044 N. SCOTTSDALE RD. #300 SCOTTSDALE, AZ 85254	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINTON, HUD 15044 N. SCOTTSDALE RD. #300 SCOTTSDALE, AZ 85254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENP & SECRETARY 3-5-01 480-606-1000

Date

Daytime Phone #

CR2E034 (10/00)