

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0003941

DOCUMENT # L00000008262

1. Entity Name
LEGENDARY RESORTS, LLC



FILED

03 APR 30 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
4460 LEGENDARY DR., STE 400
DESTIN FL 32541

Mailing Address
4460 LEGENDARY DR., STE 400
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3658048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE FL 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE DC ☐ Delete
NAME BOS, PETER H
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN FL 32541

TITLE V ☐ Change ☒ Addition
NAME BOS, PETER H, III
STREET ADDRESS 4460 Legendary Dr., Ste. 400
CITY-ST-ZIP Destin, FL 32541

TITLE DV ☐ Delete
NAME LEGLER, MITCHELL W
STREET ADDRESS 300A WHARFSIDE WAY
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME ~~04/30/03 01013 001 **50.00~~

TITLE DT ☐ Delete
NAME BUSFIELD, DAVID
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME 000017344660
STREET ADDRESS 04/30/03--01013--001 **50.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BUTLER, LJ
STREET ADDRESS 4477 LEGENDARY DRIVE, SUITE 101
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FULMER, TIMOTHY
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 200
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME PARKER, WENDY
STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Peter H. Bos

4/24/03

(850) 337-8000

Date

Daytime Phone #

CR2E083 (10/02)