

2001 UNIFORM BUSINESS REPORT (UBR)

0023108 AF

DOCUMENT # L00000013051

1. Entity Name

LEGENDS OF DIAMOND PLAYERS CLUB, LLC

FILED

01 FEB -5 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

847 8TH STREET
CLERMONT FL 34711

Mailing Address

847 8TH STREET
CLERMONT FL 34711

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAGLIARDI, GREGG
847 8TH STREET
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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

1-31-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME
MGR LAURENCE, ROBERT J
STREET ADDRESS 509 TURNBERRY LANE
CITY-ST-ZIP ST. AUGUSTINE FL 32080 ☐ Delete

TITLE NAME
MGR WHITE, W. DOUGLAS
STREET ADDRESS 847 8TH STREET
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE NAME
MGR GAGLIARDI, GREGG
STREET ADDRESS 847 8TH STREET
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE NAME
MGR MCCLAIN, ROGER W
STREET ADDRESS 221 SWALLOW ROAD
CITY-ST-ZIP ST. AUGUSTINE FL 32086 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300003677953--3
-02/14/01--01001--017
*****50.00 *****50.00

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

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

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

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

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 REQUIRED

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

Date

Daytime Phone #

1-31-01

352-241-9771

CR2E083 (11/00)