

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000005208**

1. Entity Name

**LEGACY OF ORLANDO, L.L.C.**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90022 009 \*\*\*\*55.00

Principal Place of Business

**1396 GRANDVIEW BLVD  
KISSIMMEE FL 34744**

Mailing Address

**1396 GRANDVIEW BLVD  
KISSIMMEE FL 34744**

2. Principal Place of Business

**1396 GRANDVIEW BLVD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KISSIMMEE, FLORIDA**

City & State

4. FEI Number

**02-0565630**

Applied For

Not Applicable

Zip

**34744**

Country

**USA**

Zip

Country

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALPER, JONATHAN B ESQ  
274 KIPLING CT  
HEATHROW FL 32746**

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

Name

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

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ARMAND RIVARD** ☐ Delete  
**1396 GRANDVIEW BLVD.**  
**KISSIMMEE, FL. 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SHIRLEY RIVARD** ☐ Delete  
**1396 GRANDVIEW BLVD.**  
**KISSIMMEE, FL. 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

TITLE  
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CITY-ST-ZIP  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/25/02 (407) 847-9000**

CR2E083 (9/01)