

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 24 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001420

1. Entity Name
LEGACY VENTURES, L.L.C.

Principal Place of Business
P.O. BOX 18583
TAMPA FL 33679

Mailing Address
P.O. BOX 18583
TAMPA FL 33679-8583

2. Principal Place of Business
238 E. DAVIS BLVD.

3. Mailing Address
238 E. DAVIS BLVD.

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33606

Country
USA

Zip
33606

Country
USA

4. FEI Number
59-3563476

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LITSCHGI, VALERIE
601 BAYSHORE BLVD.
TAMPA FL 33606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS LITSCHGI, P.A.
CITY- ST- ZIP P.O. BOX 18583
TAMPA FL 33679

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME LITSCHGI, P.A.
STREET ADDRESS 238 E. DAVIS BLVD # 200
CITY- ST- ZIP TAMPA FL 33606

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE 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 OR MANAGER

4/27/00

Date

813-254-3232

Daytime Phone #

CE:DEC 13 (3/13)