

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030542 AB

**DOCUMENT # M00000001726**

1. Entity Name  
**LEGIONS INVESTMENTS, LLC**

FILED

01 MAR -5 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**750 AVIGNON DRIVE, BLDG. 3., SUITE 5  
RIDGELAND MS 39157**

Mailing Address  
**P.O. BOX 2729  
RIDGELAND MS 39158**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0912630**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**GUSSIO, JOHN F JR.  
9011 HIGHWAY 98 WEST #810  
DESTIN FL 32541**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GUSSIO, GREGORY J 750 AVIGNON DRIVE, BLDG. 3., SUITE 5 RIDGELAND MS 39157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GUSSIO, JOHN F 750 AVIGNON DRIVE, BLDG. 3., SUITE 5 RIDGELAND MS 39157</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000003827800--5 -03/09/01--01033--021 *****50.00 *****50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: John F. Gussio Jr **John F Gussio Jr** 2/27/00 601-605-0004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)