

# 2001 UNIFORM BUSINESS REPORT (UBR)

0030136 AF

**DOCUMENT #** M98000000613

**1. Entity Name**  
TROON LEGACY LLC

FILED  
01 MAR -8 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**  
C/O TROON GOLF. LLC.  
16100 NORTH GREENWAY HAYDEN LOOP. STE. 200  
SCOTTSDALE AZ 85260

**Mailing Address**  
C/O TROON GOLF. LLC.  
16100 NORTH GREENWAY HAYDEN LOOP. STE. 200  
SCOTTSDALE AZ 85260



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
15044 N. SCOTTSDALE RD.  
Suite, Apt. #, etc.  
STE. 300  
City & State  
SCOTTSDALE, AZ  
Zip  
85254  
Country  
USA

**3. Mailing Address**  
15044 N. SCOTTSDALE RD.  
Suite, Apt. #, etc.  
STE. 300  
City & State  
SCOTTSDALE, AZ  
Zip  
85254  
Country  
USA

**4. FEI Number** 86-0920075  
☐ Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

**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 STREET ADDRESS CITY-ST-ZIP	MGRM TROON LEGACY, INC. 16100 NORTH GREENWAY HAYDEN LOOP, STE. 200 SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003891254-3 -03/21/01--01109--026 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 OF TROON LEGACY, INC. **3-5-01** **480-606-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)