

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90295 033 ****50.00

DOCUMENT # M98000000613

1. Entity Name

TROON LEGACY LLC

Principal Place of Business

**15044 N SCOTTSDALE RD., STE 300
SCOTTSDALE AZ 85254**

Mailing Address

**15044 N SCOTTSDALE RD., STE 300
SCOTTSDALE AZ 85254**

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

86-0920075

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TROON LEGACY, INC.
16100 NORTH GREENWAY HAYDEN LOOP, STE. 200
SCOTTSDALE AZ 85260**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TROON LEGACY, INC.
15044 N. SCOTTSDALE RD. -STE. 300
SCOTTSDALE, AZ 85254**

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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.

TROON LEGACY, INC.

SIGNATURE:

SIGNATURE REQUIRED

TIMOTHY S. SCHANTZ EVP & SECY

4-5-02

480-606-1000

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

Date

Daytime Phone #

CR2E083 (9/01)