2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M99000001656

1. Entity Name
LEGENDS GOLF, LLC

FILED WR 3/20
00 MAR -7 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
19762 MACARTHUR BLVD.. SUITE 140 IRVINE CA 92612	19762 MACARTHUR BLVD.. SUITE 140 IRVINE CA 92612-2404

DO NOT WRITE IN THIS SPACE

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 33-0838334 — 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
CHARLES, LAWRENCE 201 HEALTH PARK BLVD. ST. AUGUSTINE FL 32036	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

9. MANAGING MEMBERS / ~~MEMBERS~~	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE: Managing Member NAME: Edmond F. Bourke STREET ADDRESS: 24842 Buckboard Ln. CITY-ST-ZIP: Laguna Hills Ca 92653 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE: Managing Member NAME: Lawrence Charles STREET ADDRESS: 201 Health Park Rd. Ste. 101 CITY-ST-ZIP: St. Augustine FL 32036 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE: Managing Member NAME: Jay Spata STREET ADDRESS: 1216 Granite Circle CITY-ST-ZIP: Bethlehem PA 18017 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE: Managing Member NAME: Alex Von Welczeck STREET ADDRESS: Liebenaustr 71-1 D71111 CITY-ST-ZIP: Waldenbuch, Germany — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition 300003178903--2 -03/22/00--01007--005 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE / 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 REQUIRED 01-19-00 (949)261-8098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)