

2001 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # M 99000001656

1. Entity Name

LEGENDS GOLF, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

2255 Old Moultrie Rd.

Suite, Apt. #, etc.

3. Mailing Address

2255 Old Moultrie Rd.

Suite, Apt. #, etc.

City & State

ST. Augustine, FL.

City & State

ST. Augustine, FL.

Zip

32086

Country

USA

Zip

32086

Country

USA

6. Name and Address of Current Registered Agent

Mr. Lawrence M. Charles

201 Health Park Blvd., #101

ST. Augustine, FL. 32084

FILED

01 OCT 23 PM 12:17

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0838334

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

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

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 September 26, 2001

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	President	TITLE	
NAME	Edmond Boyke	NAME	
STREET ADDRESS	19762 MacArthur Blvd, #140	STREET ADDRESS	
CITY-ST-ZIP	Irvine, CA 92612	CITY-ST-ZIP	
TITLE	Lawrence M. Charles, VP	TITLE	
NAME	Lawrence M. Charles	NAME	
STREET ADDRESS	201 Health Park Blvd., #101	STREET ADDRESS	
CITY-ST-ZIP	ST. Augustine, FL. 32084	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	James Spahn	NAME	
STREET ADDRESS	1216 Granite Cr.	STREET ADDRESS	
CITY-ST-ZIP	Bethlehem, PA 18017	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Alexander H. von Welck	NAME	
STREET ADDRESS	6064 Shelter Bay Ave	STREET ADDRESS	
CITY-ST-ZIP	Mill Valley, CA 94941	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Lawrence M. Charles 10.22.01 (904) 794-2750

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

Date

Daytime Phone #

CR2E083 (5/01)