

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90019 038 ****50.00

DOCUMENT # M99000001656

1. Entity Name

LEGENDS GOLF, LLC

Principal Place of Business

**2255 OLD MOULTRIE ROAD
 ST. AUGUSTINE FL 32086**

Mailing Address

**2255 OLD MOULTRIE ROAD
 ST. AUGUSTINE FL 32086**

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

4. FEI Number

33-0838334

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent.

**CHARLES, LAWRENCE
 201 HEALTH PARK BLVD.
 ST. AUGUSTINE FL 32036**

7. Name and Address of New Registered Agent

Name *Charles, Lawrence*

Street Address (P.O. Box Number is Not Acceptable)

1405 Kipling Ln.

ST. Augustine

City

FL

Zip Code

32092

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

Lawrence M. Charles, VP

1.12.02

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

TITLE **P** ☐ Delete
 NAME **BOURKE, EDMOND F**
 STREET ADDRESS **19762 MACARTHUR BLVD., #140**
 CITY-ST-ZIP **IRVINE CA 92612**

TITLE **VP** ☐ Delete
 NAME **CHARLES, LAWRENCE**
 STREET ADDRESS **201 HEALTH PARK RD STE 101**
 CITY-ST-ZIP **ST AUGUSTINE FL 32036**

TITLE **S** ☐ Delete
 NAME **SPATA, JAY**
 STREET ADDRESS **1216 GRANITE CIRCLE**
 CITY-ST-ZIP **BETHLEHEM PA 18017**

TITLE **T** ☐ Delete
 NAME **VON WEKZACK, ALEX**
 STREET ADDRESS **6064 SHELTER BAY AVE.**
 CITY-ST-ZIP **MILL VALLEY CA 94941**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME *VP Charles, Lawrence*
 STREET ADDRESS *1405 Kipling Ln.*
 CITY-ST-ZIP *ST. Augustine, FL 32092*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

1.12.02 (904) 794-2750

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

Date

Daytime Phone #

CR2E083 (9/01)