

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90011 031 ****50.00

DOCUMENT # M99000001656

1. Entity Name

LEGENDS GOLF, LLC



Principal Place of Business

**2255 OLD MOULTRIE ROAD
SAINT AUGUSTINE FL 32086**

Mailing Address

**2255 OLD MOULTRIE ROAD
SAINT AUGUSTINE FL 32086**

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHARLES, LAWRENCE
1405 KIPLING LN
SAINT AUGUSTINE FL 32092**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LAWRENCE CHARLES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-12-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

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 **1405 KIPLING LN**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32092**

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 **SANG** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2382 S.E. BRISTOL ST. STB B**
CITY-ST-ZIP **NEWPORT BEACH CA 92660**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 **REMAZYAN C DAVISON** 9/12/03 904 794-2750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)