2000 UNIFORM BUSINESS REPORT (UBR) 5/10 FILED Jun 16, 2000 8:00 am Secretary of State DOCUMENT # N95000001395 1. Entity Name FLORIDA'S LEGACY, INC. 05-16-2000 90008 013 \*\*\*\*61.25 Principal Place of Business Mailing Addre 31409 PRESTWICK AVE 31409 PRESTWICK AVE SORRENTO FL 32778 SORRENTO FL 32776-9264 บร us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3329685 Not Applicable Zip Country \$8.75 Additional Zip . Country 5. Certificate of Status Desired - 10 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILKS 0. Box Number is Not Acceptable) SMALL CHRISTINE 31409 PRESTWICK AVE SORRENTO FL 32776 L)PSHN 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 **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PSTD TITLE **PSTD** Delete TITLE DIANE WILKS Way, ste- 20 NAME NAME SMALL CHRISTINE STREET ADDRESS STREET ADDRESS 31409 PRESTWICK AVE CITY-ST-ZIP CITY-ST-ZIP DESTIN SORRENTO\_FL Addition X Delete D Change TITLE TITLE MCDAULS NAME DAVIS, M.C. NAME Decions was STREET ADDRESS 151 REGIONS WAY SUITE 2-C STREET ADDRESS CITY-51-712 CITY-ST-ZIP DESTIN FL 32541 ☐ Change Addition Delete TITLE TIME NAME SHINE, SAM NAME STREET ADDRESS STREET ADDRESS 3537 GRAY HAWK LOOP CITY-ST-ZIP CATY-ST-ZIP LECANTO FL 34461 Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empswered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like appowered. A SIGNATURE: ING OFFICER OR DIRECTOR