

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001395

1. Entity Name

Florida's Legacy, Inc.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90049 047 ****61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

651 Don Bishop Rd.

3. Mailing Address

651 Don Bishop Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

4. FEI Number

59-3329685

Applied For

Not Applicable

Zip

32459

Country

USA

Zip

32459

Country

USA

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

Diane Wilks

651 Don Bishop Road

Santa Rosa Beach, FL 32459

Name

Diane Wilks

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

651 Don Bishop Road

City

Santa Rosa Beach

FL

Zip Code

32459

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

Diane Wilks

Diane Wilks

4/10/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PSTD
NAME Diane Wilks
STREET ADDRESS 651 Don Bishop Road
CITY-ST-ZIP Santa Rosa Beach, FL 32459 ☐ Delete

TITLE PSTD
NAME Diane Wilks
STREET ADDRESS 651 Don Bishop Road
CITY-ST-ZIP Santa Rosa Beach, FL 32459 ☒ Change ☐ Addition

TITLE D
NAME M.C. Davis
STREET ADDRESS 651 Don Bishop Road
CITY-ST-ZIP Santa Rosa Beach, FL 32459 ☐ Delete

TITLE D
NAME M.C. Davis
STREET ADDRESS 651 Don Bishop Road
CITY-ST-ZIP Santa Rosa Beach, FL 32459 ☒ Change ☐ Addition

TITLE D
NAME Stella Davis
STREET ADDRESS 651 Don Bishop Road
CITY-ST-ZIP Santa Rosa Beach, FL 32459 ☐ Delete

TITLE D
NAME Stella Davis
STREET ADDRESS 651 Don Bishop Road
CITY-ST-ZIP Santa Rosa Beach, FL 32459 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Diane Wilks

Diane Wilks

4/10/01

850-267-4749

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

Date

Daytime Phone #

CR2E083 (11/00)