## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N97000007164

1. Entity Name

LEGENDS GOLF & COUNTRY CLUB MASTER ASSOCIATION. INC.



**FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90434 001 \*\*\*\*61.25

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|  |  |                        |   |   |  | 1   |  |   |  |
|--|--|------------------------|---|---|--|---|--|---|--|
| Principal Place of Business  LEGENDS GOLF & COUNTRY CLUB  BEOD LEGENDS BLVD  FORT MYERS FL 33912  US  2. Principal Place of Business   |  |                        | Mailing Address LEGENDS GOLF & COUNTRY CLUB 8600 LEGENDS BLVD FORT MYERS FL 33912 |   |  |   |  |   |  |
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|  |  |                        |   |   |  | ) (98/128) B16 /1   | Nii: IARLI AANI: BAILI BAIN AAN  | 11 JERRI 11818 E                                      | riic Bi <b>s</b> i (88)                |
|  |  | US<br>3. Mail          | ling Address  |   |  |   |  |   |  |
| - 1  |  |                        |   |   |  |   | Bill 40041 Baill Baill 40111 00111 Bail  | !! ! <b>3</b> 00F !!U\0 0                             |  |
| Suite, Apt. #, etc.  |  | Sui                    | Suite, Apt. #, etc.   |   |  | ☐ CHECK HERE IF MAKING CHANGES  |  |   |  |
| City & Stat  | re   | Cit                    | y & State   | - 1.  |  | 4. FEI Number 6   | 5-0767283  | h   | oplied For                             |
| Zip  | Country  | Zip                    | )   | Country   | ,  | 5. Certificate of S   |  | \$8.75 Ad<br>Fee Require                              | ditional                               |
|  | 6. Name and Address of Curre   | ent Registere          | d Agent   | 1   |  | 7. Name and Add   | iress of New Registered A  |   | <del>3</del> u                         |
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|  | -CHRISTOPHER-J-ESQ-  |                        |   |   | treet Address  | (P.O. Box Number is   | Not Acceptable)  |   |  |
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| FI. MYEF   | RS FL 33901  |                        |   |   |  |   |  |   |  |
|  |  |                        |   | C   | ity  |   | FL   | Zip Cod   | le                                     |
| The above  | named entity submits this statemen   | it for the purpo       | ose of changing its   | s registered o  | ffice or registe   | ared agent or both in   |  | amiliar with  | and accept                             |
| Ü  | ions of registered agent.  |                        |   |   |  | •   |  |   |  |
| NATURE .   |  |                        |   |   |  |   |  |   |  |
|  | Signature, typed or printed name of registered an  | nent and title if enal | liceble (NO)  | FE: Dogistored Age  | est elegatura raquire  | ad whan rejectating)  | DATE   |   |  |
| 1_   | Signature, typed or printed name of registered ag  | gent and title if appl | ficable. (NO)   | FE: Registered Age  | ent signature require  | ed when reinstating)  | DATE   |   |  |
| i,   |  | gent and title if appl |   |   |  |   |  | Pavahle   | to                                     |
|  | Signature, typed or printed name of registered ag  | gent and title if appl | 9. Election Ca  |   |  | \$5.00 May Be<br>Added to Fees  | Make Check<br>Florida Departi  |   |  |
|  | FILE NOW: FEE IS \$61.25   |                        | 9. Election Ca  | mpaign Finar<br>Contribution.   | ncing _  | \$5.00 May Be<br>Added to Fees  | Make Check<br>Florida Departi  | ment of S   | State                                  |
|  |  |                        | 9. Election Ca<br>Trust Fund (  | mpaign Finar  | ncing _  | \$5.00 May Be<br>Added to Fees  | Make Check Florida Departi   | ment of S   | State                                  |
| O.   | FILE NOW: FEE IS \$61.25   |                        | 9. Election Ca  | mpaign Finar<br>Contribution.   | ncing  | \$5.00 May Be<br>Added to Fees  | Make Check<br>Florida Departi<br>ES TO OFFICERS AND DIR  | ECTORS IN   | <b>State</b> 1 10  ☐ Addition          |
| O.<br>ITLE   | FILE NOW: FEE IS \$61.25  OFFICERS AND PD  |                        | 9. Election Ca<br>Trust Fund (  | mpaign Finar Contribution.  11.  IITLE  | DRESS 104  | \$5.00 May Be Added to Fees  ADDITIONS/CHANG  | Make Check Florida Departs ES TO OFFICERS AND DIR AND VESS ILE CYPRESS P   | ECTORS IN Change                                      | State  1 10  Addition                  |
| 0.   | OFFICERS AND DEBITETTO, JOHN 13891 JETPOST LOOP FORT MYERS FL 33913  |                        | 9. Election Ca<br>Trust Fund (  | mpaign Finar Contribution.  11.  TITLE  NAME  | DRESS 104  | \$5.00 May Be Added to Fees  ADDITIONS/CHANG  | Make Check Florida Departs ES TO OFFICERS AND DIR AND VESS ILE CYPRESS P   | ECTORS IN Change                                      | State  1 10  Addition                  |
| O. HTLE HAME TREET ADDRESS   | OFFICERS AND  OFFICERS AND  DEBITETTO, JOHN 13891 JETPOST LOOP FORT MYERS FL 33913  DVP  |                        | 9. Election Ca<br>Trust Fund (  | mpaign Finar Contribution.  11.  TITLE NAME STREET AC   | DRESS 104  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG<br>FOI SIK MI<br>H. MYEYS                     | Make Check Florida Departi ES TO OFFICERS AND DIR Address I Le Cypress Pi Address Address  | ECTORS IN Change                                      | State  10 Addition                     |
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| O. ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP  | OFFICERS AND PD DEBITETTO, JOHN 13891 JETPOST LOOP FORT MYERS FL 33913 DVP KNOWLES, KIRK 13891 JETPOST LOOP FORT MYERS FL 33913                                      |                        | 9. Election Ca<br>Trust Fund (  | mpaign Finar Contribution.  11. TITLE NAME STREET AC CITY-ST-Z TITLE NAME STREET AC CITY-ST-Z   | DRESS 104  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG<br>FOI SIK MI<br>H. MYEYS                     | Make Check<br>Florida Departi<br>ES TO OFFICERS AND DIR<br>Address<br>I Le Cypress Pi<br>Address<br>I Le Cypress F                 | ECTORS IN Change  KWY 4  1 2  Change  KWY 4           | State  10 Addition  Addition  Addition |
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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 empowered 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 attackment with an address, with all other like empowered.