0052928 AV

2001 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P00000114826 FILED Aug 08, 2001 8

DOCUMENT # P00000114826 1. Entity Name LEGENDS GOLF CLUB, INC. Principal Place of Business 700 N.W. 107 AVENUE MIAMI FL 33172 MIAMI FL 33172

FILED Aug 08, 2001 8:00 am Secretary of State 08-08-2001 90005 034 ***550.00

Thirdipal Flace of Dusiness			waning Address							
700 N.W. 107 AVENUE MIAMI FL 33172			700 N.W. 107 AVENUE MIAMI FL 33172			1				
2. Principal	Place of Busine	ess	3. Mailing Address	3. Mailing Address			T SEED TERES THE EPICH DESILE CONST.	DÎN TENDI HITT		O LITEID ESIU SEBI
Suite, Apt	t. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State	City & State			FEI Number 59 - 36918	ıd	-	Applied For
Zip		Country	Zip	Cour	ntry	5.	. Certificate of Status Desired		\$8.75 Ac	ditional
	6. Name	and Address of Current	Registered Agent	l .		7	Name and Address of New	Registered		
,			<u> </u>		Name		7,000		gont	
	DAVID B ES		<i>ರ್ಣೌಕ್ ಬ್ರ</i> ್ ಬಿಸ್	Street Address			(P.O. Box Number is Not Acceptable)			
MIAMI FL		-				184			-	
					City		·	FL	Zip Cod	de
8. The above	e named entity	submits this statement for	or the purpose of changing its	s register	ed office o	r registered a	agent, or both, in the State of F	lorida.	<u>'</u>	
	•									
SIGNATURE	Signature, typed o	r printed name of registered agent	and title if applicable. (NO	E: Registere	ed Agent signat	lure required when	n reinstating)	DATE		
>1					10 4===					
9. This corporation is eligible to satisfy its Intangible				FILE NOW!!! FEE IS \$550.00			10. Election Campaign Fi	nancing	\$5.0	00 May Be
Tax filing requirement and elects to do so. (See criteria on back)				After September 12, 2001 Fee will be \$750 Make Check Payable to Department of Sta			Trust Fund Contribution		☐ Adde	d to Fees
					•					
11.	I.B.	OFFICERS AND		12.		117 7-	ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	D	ONADD	☐ Delete	TITU		V I	EWRIGHT MA	. to De AA	☐ Change	⊠ Addition
NAME	MILLER, LE			NAM		MHAIN	EWINIGIFT PIN	Ceccivi		
STREET ADDRESS	700 N.W. 10				ET ADDRESS					
CITY-ST-ZIP	MIAMI FL 3	3172		CITY	-ST-ZIP					
TITLE	DP		☐ Delete	TITL	Ε	M			☐ Change	Addition
NAME	MILLER, ST	uart a		NAM	E	Bake	at Ahrens			
STREET ADDRESS	700 N.W. 10	07 AVENUE		STRE	ET ADDRESS	151	Winners Rose	I_{i}		
CITY-ST-ZIP	MIAMI FL 3	3172		CITY	-ST-ZIP	DITA	nt Ahrens Wymore Road monte Spring	< FL	40714	:
TITLE	DV		☐ Delete	TITLE		VF R	NE HACKER		☐ Change	Addition
NAME	GROSS, BR	HCF.		NAM		1 2 3	KINGSRIDGE	حربياه	☐ Onlinge	- Addition
STREET ADDRESS	700 N.W. 10		·		ET ADDRESS	-1400	KINGSKIDGE	2100		
CITY-ST-ZIP	MIAMI FL 3				-ST-ZIP	Cler	mont FL 3471	, I		
TITLE	D.	J.11 E	□ 0-1-t-	-						
NAME	1 =	ANI I	☐ Delete	TITLE					☐ Changè	☐ Addition
STREET ADDRESS	PEKOR, ALI 730 N.W. 10			NAM	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL 3				-ST-ZIP					
TITLE	 	7172					- 1114			
NAME	D V	DIANE	☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS	BESSETTE,			NAM						ļ
CITY-ST-ZIP	700 N.W. 10				ET ADDRESS					
	MIAMI FL 3	01/2			-ST-ZIP					
TITLE	VS.	B MOUBIN	☐ Delete	TITLE				•	Change	☐ Addition
NAME	DAVID	B. Melain w 107 Awn		NAME						J
STREET ADDRESS	וא טטרן	CO 107 /TOTAL	~~		ET ADDRESS					l
CITY-ST-ZIP	Miam	FL 33172		CITY-	-ST-ZIP		•			{

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #