

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000114826

FILED
Jan 24, 2003
Secretary of State

Entity Name: LEGENDS GOLF CLUB, INC.

Current Principal Place of Business:

700 N.W. 107 AVENUE
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

700 N.W. 107 AVENUE
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 59-3691814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAIN, DAVID B ESQ.
700 N.W. 107 AVENUE
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: MILLER, LEONARD
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DP () Delete
Name: MILLER, STUART A
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DV () Delete
Name: GROSS, BRUCE
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: D () Delete
Name: PEKOR, ALLAN J
Address: 730 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DV () Delete
Name: BESSETTE, DIANE
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: VS () Delete
Name: MCCAIN, DAVID B
Address: 700 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MILLER, STUART A
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: DV (X) Change () Addition
Name: BESSETTE, DIANE
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MALCOLM, WAYNEWRIGHT
Address: 700 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID B. MCCAIN

DS

01/24/2003

Electronic Signature of Signing Officer or Director

Date