

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000098227

FILED  
Apr 04, 2003  
Secretary of State

Entity Name: LEGACY HOMES OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

7231 SHEARWATER DR  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

7231 SHEARWATER DR  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 59-3756823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDRON, BRYANT  
7231 SHEARWATER DR  
NAVARRE, FL 32566

**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: D ( ) Delete  
Name: WALDRON, BRYANT  
Address: 7231 SHEARWATER DR  
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete  
Name: WALDRON, RHONDA  
Address: 7231 SHEARWATER DR  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: RHONDA S. WALDRON

D

04/04/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date