2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# P01000113771

Entity Name: LEGACY GOLF & COUNTRY CLUB, INC.

Current Principal Place of Business:

1100 MAIN STREET
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1100 MAIN STREET
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 59-3758572 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROY, STEVEN M ESQ.
MCLIN & BURNSED, P.A.
976 DEL MAR DRIVE
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

ROY, STEVEN M ESQ.
MCLIN & BURNSED P.A.
976 DEL MAR DRIVE
THE VILLAGES, FL 32159 US

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: _____ 04/29/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOUSE, GARY H
Address: 1100 MAIN ST
City-St-Zip: THE VILLAGES, FL 32159

Title: S ( ) Delete
Name: BURNSED, DANEY R
Address: 1100 MAIN ST
City-St-Zip: THE VILLAGES, FL 32159

Title: VP ( ) Delete
Name: MORSE, MARK
Address: 1100 MAIN ST
City-St-Zip: THE VILLAGES, FL 32159

Title: T ( ) Delete
Name: WISE, JOHN
Address: 1100 MAIN ST
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORSE, H. GARY
Address: 1100 MAIN ST
City-St-Zip: THE VILLAGES, FL 32159

Title: S (X) Change ( ) Addition
Name: BURNSED, R. DEWEY
Address: 1100 MAIN ST
City-St-Zip: THE VILLAGES, FL 32159

Title: VPD (X) Change ( ) Addition
Name: MORSE, MARK G
Address: 1100 MAIN ST
City-St-Zip: THE VILLAGES, FL 32159

Title: TD (X) Change ( ) Addition
Name: WISE, JOHN F
Address: 1100 MAIN ST
City-St-Zip: THE VILLAGES, FL 32159

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: H. GARY MORSE PD 04/29/2003
Electronic Signature of Signing Officer or Director — Date