

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90118 048 \*\*\*150.00

**DOCUMENT #** P02000049023  
**1. Entity Name**

LEGENDS CLUB, INC.



**DO NOT WRITE IN THIS SPACE**

11028853

**2. Principal Place of Business**  
700 NW 107 Avenue  
Suite, Apt. #, etc. Suite 400

**3. Mailing Address**  
700 NW 107 Avenue  
Suite, Apt. #, etc. Suite 400

DO NOT WRITE IN THIS SPACE

**City & State**  
Miami FL 33172

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Miami FL 33172

**4. FEI Number**  
48-1259544

**Applied For**  
☐ Not Applicable

**Zip** **Country**

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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
David B. McCain, Esq.

**Street Address (P.O. Box Number is Not Acceptable)**  
700 NW 107 Avenue

**City** **State** **Zip Code**  
Miami FL 33172

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

**DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**TITLE** DP  
**NAME** Stuart A. Miller  
**STREET ADDRESS** 700 NW 107 Avenue  
**CITY-STATE-ZIP** Miami FL 33172

**TITLE** V  
**NAME** E. Bing Hacker  
**STREET ADDRESS** 1900 Kings Ridge Boulevard  
**CITY-STATE-ZIP** Clermont FL 34711

**TITLE** V  
**NAME** Jeff Sellers  
**STREET ADDRESS** 1110 Douglas Avenue, Ste. 2040  
**CITY-STATE-ZIP** Altamonte Springs FL 32714

**TITLE** NV  
**NAME** Diane Bessette  
**STREET ADDRESS** 700 NW 107 Avenue  
**CITY-STATE-ZIP** Miami FL 33172

**TITLE** AS  
**NAME** Christine Sodermark  
**STREET ADDRESS** 1900 Kings Ridge Boulevard  
**CITY-STATE-ZIP** Clermont FL 34711

**TITLE** ASD  
**NAME** Grace Santaella  
**STREET ADDRESS** 700 NW 107 Avenue  
**CITY-STATE-ZIP** Miami FL 33171

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**CITY-STATE-ZIP**

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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or on an attachment with an address, with all other like empowered.**

**Diane Bessette**  
**Vice President**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

4/28/03 (305) 229-6400

CR2E034B (12/02)