

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90228 025 ***158.75

DOCUMENT # P03000000007

1. Entity Name

LEGACY REAL ESTATE CO.



Principal Place of Business
704 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

Mailing Address
704 S.W. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34953

10045476



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0553280

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GROZA, JOHN
1417 S.W. OSPREY COVE
PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name: PATRICIA A GROZA
Street Address (P.O. Box Number is Not Acceptable): 1417 SW OSPREY COVE
City: PORT ST LUCIE, FL 34986

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: HUFFMAN, JAY
STREET ADDRESS: P.O. BOX 1015
CITY-ST-ZIP: OKEECHOBEE FL 34973

☐ Delete

TITLE: PD
NAME: GROZA, JOHN
STREET ADDRESS: 1417 S.W. OSPREY COVE
CITY-ST-ZIP: PORT ST. LUCIE FL 34986

☒ Delete

TITLE:
NAME:
STREET ADDRESS:
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STREET ADDRESS:
CITY-ST-ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

TITLE: PD
NAME: PATRICIA A GROZA
STREET ADDRESS: 1417 SW OSPREY COVE
CITY-ST-ZIP: PORT ST LUCIE, FL 34986

☒ Change ☐ Addition

TITLE:
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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A GROZA 2/10/03 740-7653
336-7653

CR2E034 (10/02)