

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000020620**1. Entity Name
AMERICAN LEGACY GROUP, INC.

Principal Place of Business

**9951 ATLANTIC BLVD
114-116
JACKSONVILLE FL 32225
US**

Mailing Address

**9951 ATLANTIC BLVD
114-116
JACKSONVILLE FL 32225
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1167

City & State

Suite, Apt. #, etc.

Suite 1167

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3305653**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLIE, KIMBERLY S
9951 ATLANTIC BOULEVARD
SUITE 114-116
JACKSONVILLE FL 32225**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Kimberly S. Allie
Kimberly S. Allie, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE **1-7-2002**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

D ☐ Delete
ALLIE, KIMBERLY S
9951 ATLANTIC BOULEVARD STE 114-116
JACKSONVILLE FL 32225**D** ☐ Delete
BENTON, FREDERICK G
C/O 9951 ATLANTIC BLVD STE 114-116
JACKSONVILLE FL 32225☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **Suite 1167**☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **Suite 1167**☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kimberly S. Allie
Kimberly S. Allie

Date

Daytime Phone #

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90014 044 ***150.00



DO NOT WRITE IN THIS SPACE

0030758 AV

CR2E034 (9/01)