2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P96000009392** May 22, 2000 8:00 am Secretary of State LEGACY SEARCH, INC. 05-22-2000 90006 032 ***150.00 Principal Place of Business Mailing Address 4313 W. OBISFO ST 4313 W. OBISPO ST TAMPA FL 83629-7731 2. Principal Place of Business 3. Mailing Address 320367 PO BOX 4830 W.KEJJEDJ BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. STE City & State City & State 4. FEI Number Applied For 65-0642980 TAMPA Not Applicable Zip 3360 Country \$8.75 Additional 5. Certificate of Status Desired 33679 HILLSBOROUGH HILLSBORDUGH Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LESSER, DAVID K Street Address (P.O. Box Number is Not Acceptable) 4313 OBISPO ST TAMPA FL 33629 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Change CEO ☐ Addition TITLE □ Delete TITLE DAVID K. LESSER LESSOR, DAVID K NAME 4313 W. OBISIN ST STREET ADDRESS 4313 W. OBISPO ST STREET ADDRESS TAMPA. FL CITY-ST-ZIP CITY-ST-ZIP **TAMPA F 33625** PREGIOENT **■** Addition ☐ Change ☐ Delete TITLE TITLE ICHAEL E. BELLER NAME NAME 313 W. OBISPO ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustage embowered its exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if