

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000058047**

1. Entity Name
THE LEGENDS OF SANTA ROSA BEACH, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91147 018 ***150.00

Principal Place of Business
5151 MONROE ST
243
TOLEDO OH 43623
US

Mailing Address
C/O PO BOX 417
BATH OH 44210
US

2. Principal Place of Business

3. Mailing Address
3922 CLOCK POINTE TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.
102

City & State

City & State
STOW OH

Zip

Country

Zip

44224-2989

Country

US

4. FEI Number **34-1841319**

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

DEARMON, A. DELYS
151 REGIONS WAY, BLDG. 1, STE. A
DESTIN FL 32541

7. Name and Address of New Registered Agent

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

SIGNATURE

[Signature] **president**

4/25/03

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 **D** ☐ Delete
NAME **TAYLOR, JACK**
STREET ADDRESS **5151 MONROE ST.**
CITY-ST-ZIP **TOLEDO OH 43623**

TITLE **D** ☐ Delete
NAME **YOUNG, DAN E**
STREET ADDRESS **5151 MONROE ST.**
CITY-ST-ZIP **TOLEDO OH 43623**

TITLE **D** ☐ Delete
NAME **PERMAN, FRANCIS**
STREET ADDRESS **5151 MONROE ST.**
CITY-ST-ZIP **TOLEDO OH 43623**

TITLE **D** ☐ Delete
NAME **DONOVAN, DANIEL**
STREET ADDRESS **5151 MONROE ST.**
CITY-ST-ZIP **TOLEDO OH 43623**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

[Signature] **SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/03 419-885-4675

CR2E034 (10/02)