

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

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91204 010 \*\*\*158.75

DOCUMENT # P9700000 - 6554 (.4)

1. Entity Name

LEGACY GROUP INC.

**DO NOT WRITE IN THIS SPACE**

80124391

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1898 BRECKENRIDGE BLVD.

3. Mailing Address

1898 BRECKENRIDGE BLVD.

Suite, Apt. #, etc.

Middleburg FLORIDA

Suite, Apt. #, etc.

Middleburg FLORIDA

City & State

32068-6730 CLAY

City & State

32068-6730 CLAY

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name DANIEL WHITFIELD

Street Address (P.O. Box Number is Not Acceptable)  
5800 UNIVERSITY BLVD WEST Suite # 573

Suite # 573

City JACKSONVILLE

FL

Zip Code 32216

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE PRESIDENT / CHAIRMAN OF BOARD OF  
NAME DIRECTORS. BETTY HOADLEY GROW  
STREET ADDRESS 1898 BRECKENRIDGE BLVD.  
CITY-ST-ZIP Middleburg FLORIDA 32068-6730

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Hoadley Grow  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Betty Hoadley Grow 5-7-02

CR2E034B (12/01)