

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024231

1. Entity Name

LEGACY CRESTVIEW, INC.

Principal Place of Business

Mailing Address

819 PINEDALE RD
SUITE 200
FORT WALTON BEACH FL 32547

PO BOX 456
FORT WALTON BEACH FL 32549-0456

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

59-3500340

Applied F.

Not App.

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

LARSON, LOWELL
817 PINEDALE
FORT WALTON BEACH FL 32548

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 may
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LARSON, LOWELL C JR
817 PINEDALE RD
FORT WALTON BEACH FL 32547 ☐ Delete

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

TITLE
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STREET ADDRESS
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HENDERSON, BRENDA
819 PINEDALE RD
FORT WALTON BEACH FL 32547 ☐ Delete

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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 Block 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

Date

Daytime Phone #

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90048 028 ***150.00

80016473

1. EXEMPTION FOR SMALL BUSINESSES: BUSINESSES WITH ANNUAL REVENUE OF \$50,000 OR LESS ARE EXEMPT FROM FILING THIS REPORT.

2. IF YOU ARE A PARTNER, MEMBER, OR MANAGING MEMBER OF A LIMITED LIABILITY COMPANY, YOU MUST FILE THIS REPORT WITHIN 60 DAYS OF THE END OF THE YEAR.

DO NOT WRITE IN THIS SPACE