

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90004 015 ***150.00

DOCUMENT # P980000042332
1. Entity Name
Legacy Limousine

Principal Place of Business 312 W. Main St.
Tavares, FL
Mailing Address 312 W. Main St Suite C
Tavares, FL
32778

2. Principal Place of Business 312 W. Main St.
Suite, Apt. #, etc. Suite C
Tavares FL
32778
Country USA
3. Mailing Address 312 W. Main St
Suite, Apt. #, etc. Suite C
Tavares FL
32778
Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ **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

Jeffery M. Pfister
312 W. Main St. Suite C
Tavares, FL 32778

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. President OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Lori A. Pfister
STREET ADDRESS 32720 Lakeshore Drive
CITY-ST-ZIP Tavares, FL 32778
☐ Delete
TITLE
NAME
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CITY-ST-ZIP
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☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Lori A Pfister
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)