

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042332

1. Entity Name

LEGACY LIMOUSINE INCORPORATED

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90013 001 ***150.00

0053988

Principal Place of Business 312 W MAIN STREET STE C TAVARES FL 32778	Mailing Address 312 W MAIN STREET STE C TAVARES FL 32778
---	---

2. Principal Place of Business 1106 E Alfred St. Suite, Apt. #, etc.	3. Mailing Address 1106 E Alfred St. Suite, Apt. #, etc.
--	--

City & State TAVARES, FL	City & State TAVARES, FL
Zip 32778	Zip 32778
Country USA	Country USA

4. FEI Number 59-3523142	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

PFISTER, JEFFERY M
~~312 W MAIN STREET~~
~~SUITE C~~
TAVARES FL 32778
new address

7. Name and Address of New Registered Agent

Name
same
Street Address (P.O. Box Number is Not Acceptable)
1100 E Alfred St.
City
TAVARES FL Zip Code
32778

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 _____ (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, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFISTER, LORI		NAME		
STREET ADDRESS	32720 LAKESHORE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32726		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 Lori A. Pfister 1/16/01 352 253 014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)