

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90256 043 \*\*\*150.00

**DOCUMENT # P98000083274**

1. Entity Name

LEGACY DEVELOPMENT GROUP, INC.

Principal Place of Business

2240 BELLEAIR ROAD SUITE 160  
 CLEARWATER FL 33764

Mailing Address

2240 BELLEAIR ROAD SUITE 160  
 CLEARWATER FL 33764

2. Principal Place of Business

6800 N. DALE MABRY

Suite, Apt. #, etc.

268

City & State

TAMPA, FL

Zip

33614

Country

USA

3. Mailing Address

6800 N. DALE MABRY

Suite, Apt. #, etc.

268

City & State

TAMPA, FL

Zip

33614

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3536010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, SANDIP I  
 2240 BELLEAIR ROAD SUITE 160  
 CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name SANDIP I. PATEL  
 Street Address (P.O. Box Number is Not Acceptable)  
 6800 N. Dale Mabry Hwy  
 Suite 268  
 City Tampa FL Zip Code 33614

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

Sandip I. Patel SANDIP I. PATEL, ESQ

1/22/01

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, 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

TITLE D  
 NAME PATEL, SANDIP I  
 STREET ADDRESS 2240 BELLEAIR ROAD SUITE 160  
 CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE D  
 NAME PATEL, MEHUL  
 STREET ADDRESS 2240 BELLEAIR ROAD SUITE 160  
 CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

Sandip I. Patel SANDIP I. PATEL, DIR

1/22/01

813-290-6353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)