

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90121 029 ***158.75

DOCUMENT # P99000025214

1. Entity Name

LEGACY MORTGAGE CORPORATION

Principal Place of Business

**3832 N. UNIVERSITY DR
 SUNRISE FL 33351**

Mailing Address

**12655 N.E. 17TH PLACE
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

1550 SAWGRASS CORP. PKWY.

3. Mailing Address

1550 SAWGRASS CORP. PKWY.

Suite, Apt. #, etc.

SUITE 230

Suite, Apt. #, etc.

SUITE 230

City & State

SUNRISE FL

City & State

SUNRISE FL

Zip

33323

Country

USA

Zip

33323

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0907591

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HAYMON, STEVEN

12655 N.E. 17TH PLACE

CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

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, 2002 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** ☐ Delete
 NAME **HAYMON, STEVEN**
 STREET ADDRESS **12655 N.E. 17TH PLACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ Delete
 NAME **SCHWEITZER, ANDY**
 STREET ADDRESS **9810 N.W. 10 CT.**
 CITY-ST-ZIP **PLANTATION FL 33322**

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 **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

STEVEN HAYMON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/02 954-572-8228

CR2E034 (9/01)