

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039436

1. Entity Name

LEGACY MANAGEMENT SERVICES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90225 046 \*\*\*150.00

Principal Place of Business

101 E. UNION ST., STE. 400  
 JACKSONVILLE FL 32202

Mailing Address

101 E. UNION ST., STE. 400  
 JACKSONVILLE FL 32202-6059

2. Principal Place of Business

8380 Baymeadows Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 17

City & State

JAX, FL.

City & State

Zip

32256

Country

Zip

Country

4. FEI Number

59-3578742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WODRICH, MICHAEL A  
 1301 RIVERPLACE BLVD., STE. 1500  
 JACKSONVILLE FL 32207

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, 2000 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman Tony D. Nelson
STREET ADDRESS	218 W. Adams St.
CITY-ST-ZIP	Suite 504 JAX, FL 32202
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer Darryl R. Jackson
STREET ADDRESS	101 G. Union St., #400
CITY-ST-ZIP	JAX, FL. 32202
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Gregg Taylor
STREET ADDRESS	8380 Baymeadows Rd #17
CITY-ST-ZIP	JAX, FL. 32256
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Darryl R. Jackson* Darryl R. Jackson

4/28/00

(904) 633-8099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #