## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State DOCUMENT # V20528 1. Entity Name 04-24-2002 90307 018 \*\*\*150 LEGENDARY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 4460 LEGENDARY DR. 4460 LEGENDARY DR. STE. 400 STE. 400 DESTIN FL 32541 DESTIN FL 32541 US US 2. Principal Place of Business 3. Mailing Address Gregory E. 600 E. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3110945 Pe<u>nsacola</u> Pensaco Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П ひちぬ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent McGuire MAR-MITCHELL W LEGLER Street Address (P.O. Box Number is Not Acceptable) 300A WARFSIDE WAY JACKSONVILLE FL 32203 Gregory 8. The above named ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida (SIGNATURE title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) Delete DP TITLE TITLE ☐ Addition MARTINO Molly M **BOS. PETER** NAME NAME 600 E. Gregory St. 4460 LEGENDARY DRIVE, SUITE 400 STREET ADDRESS STREET ADDRESS Pensacola, FL 32501 CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE TITLE ☐ Addition MARTIN, W. M. GUIRE 600 E. Gregory 54 NAME PARKER, WENDY NAME STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Pensacola, FL 3250 TITLE TITLE Change ☐ Addition ۷T NAME NAME BUSFIELD, DAVID STREET ADDRESS STREET ADDRESS 4460 LEGENDARY DRIVE, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL 32541** ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition

 I hereby certify that the information supplied windicated on this report or supplemental report ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece istee en changed, or on an attachme

NAME

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

NING OFFICER OR DIRECTOR