

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008727

**Entity Name:** FOUR GOLF LEGENDS, INC.

**Current Principal Place of Business:**

1720 W. CARMEN STREET  
TAMPA, FL 33606

**Current Mailing Address:**

1720 W. CARMEN STREET  
TAMPA, FL 33606 US

**FEI Number:** 30-0750210

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERTS, DERLYN  
1720 W. CARMEN STREET  
TAMPA, FL 33606 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SEVALIA, ROY  
Address 1720 W. CARMEN STREET  
City-State-Zip: TAMPA FL 33606

Title VP  
Name MILLER, RICHARD  
Address 1720 W. CARMEN STREET  
City-State-Zip: TAMPA FL 33606

Title T  
Name ROBERTS, DERLYN  
Address 1720 W. CARMEN STREET  
City-State-Zip: TAMPA FL 33606

Title S  
Name CREWS, LEON  
Address 1720 W. CARMEN STREET  
City-State-Zip: TAMPA FL 33606

Title D  
Name LOWE, DIALARY  
Address 1720 W. CARMEN STREET  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DERLYN ROBERTS

**OFFICER**

**04/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date