

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-15-2000 90128 041 ****61.25

DOCUMENT # N07386

1. Entity Name

LEGACY INTERNATIONAL, INC.

Principal Place of Business

C/O AL AND VERA SCHREINER
1100 REVERE DR.
OCONOMOWOC WI 53066

Mailing Address

C/O AL AND VERA SCHREINER
1100 REVERE DR.
OCONOMOWOC WI 53066-4425

2. Principal Place of Business

1999 Shadow Lake Road

3. Mailing Address

P.O. Box 37

Suite, Apt. #, etc.

City & State

Lower Waterford, Vermont

City & State

Lower Waterford, VT

Zip

05848-0037

Country

USA

Zip

05848-0037

Country

USA

4. FEI Number

39-1510400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VETTER, CHESTER W.
201 FLETCHER LANE
PLANT CITY FL

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TIRRELL, ROBERT
STREET ADDRESS P O BOX 37 N/A
CITY-ST-ZIP LOWER WATERFORD VT 05848-0037 ☒ Delete

TITLE PD
NAME TIRRELL, PEG
STREET ADDRESS P O BOX 37 N/A
CITY-ST-ZIP LOWER WATERFORD VT 05848-0037 ☒ Delete

TITLE VD
NAME VAILE, TED
STREET ADDRESS RT 4 BOX 252
CITY-ST-ZIP PERU IN 46970 ☒ Delete

TITLE VD
NAME VAILE, BETTY
STREET ADDRESS RT 4 BOX 252
CITY-ST-ZIP PERU IN 46970 ☒ Delete

TITLE SD
NAME SCHREINER, VERA
STREET ADDRESS 1100 REVERE DR
CITY-ST-ZIP OCONOMOWOC WI ☒ Delete

TITLE SD
NAME SCHREINER, AL
STREET ADDRESS 1100 REVERE DR
CITY-ST-ZIP OCONOMOWOC WI ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☒ Change ☐ Addition
TITLE Chairman
NAME Ted Vaile
STREET ADDRESS RR#4 Box 252
CITY-ST-ZIP Peru - IN 46970

☒ Change ☐ Addition
TITLE Chairman
NAME Betty Vaile
STREET ADDRESS RR 4 Box 252
CITY-ST-ZIP Peru - IN 46970

☒ Change ☐ Addition
TITLE Co-Chairman
NAME John Charman
STREET ADDRESS 1255 Millburn Crescent
CITY-ST-ZIP Cumberland, ON CANADA K4C 1C9

☒ Change ☐ Addition
TITLE Co-Chairman
NAME Wendy VanderMeulen
STREET ADDRESS 1255 Millburn Crescent
CITY-ST-ZIP Cumberland, ON K4C 1C9 CANADA

☒ Change ☐ Addition
TITLE Executive Secretary
NAME Peg Tirrell
STREET ADDRESS P O Box 37
CITY-ST-ZIP Lower Waterford, VT-05848-0037

☒ Change ☐ Addition
TITLE Executive Secretary
NAME Doc Tirrell
STREET ADDRESS Po Box 37
CITY-ST-ZIP Lower Waterford, VT 05848-0037

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

March 12, 00 802-748-8538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)