

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000389

1. Entity Name

LEGEND EQUITIES CORPORATION

Principal Place of Business

3920 RCA BLVD., SUITE 2004  
PALM BEACH GARDENS FL 33410

Mailing Address

3920 RCA BLVD., SUITE 2004  
PALM BEACH GARDENS FL 33410-4283

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0356992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERRIS, GLENN T  
3920 RCA BLVD., SUITE 2004  
PALM BEACH GARDENS FL 33410

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	AVP	<input type="checkbox"/> Delete
NAME	FERRIS, GLENN T	
STREET ADDRESS	3920 RCA BLVD STE 2004	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOWMAN, KELLY	
STREET ADDRESS	3920 RCA BLVD STE 2004	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	AV	<input type="checkbox"/> Delete
NAME	GORDON, BRIAN D	
STREET ADDRESS	4250 VETERANS MEMORIAL HWY #1100	
CITY-ST-ZIP	HOLBROOK NY 11741	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUCCIARE, MARK	
STREET ADDRESS	3920 RCA BLVD STE 2004	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLINO, PAULO	
STREET ADDRESS	3920 RCA BLVD., STE 2004	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINS, DAWN C	
STREET ADDRESS	3920 RCA BLVD STE 2004	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelley J Bowman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regina M. Rudnick	
STREET ADDRESS	3920 RCA Blvd. Ste 2004	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90205 010 \*\*\*150.00

604791



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)