

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90020 010 \*\*\*150.00

**DOCUMENT # F96000004483**

1. Entity Name

**LEGENDS N.A., INC.**

Principal Place of Business

Mailing Address

6600 WESTGATE DR.  
 ORLANDO FL 32835

P.O. BOX 618165  
 ORLANDO FL 32861-8165

2. Principal Place of Business

3. Mailing Address

**601 KALEY ST. EAST**  
 Suite, Apt. #, etc.

**601 KALEY ST. E**  
 Suite, Apt. #, etc.

City & State

City & State

**ORLANDO FL**

**ORLANDO FL 32806**

Zip

Country

Zip

Country

**32806**

**U.S.A.**

**32806**

**U.S.A.**

6. Name and Address of Current Registered Agent

**WALLACE, SHELIA E**  
**6233 WESTGATE DR. #607**  
**ORLANDO FL 32865**

7. Name and Address of New Registered Agent

Name **SHEILA WALLACE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**601 KALEY ST. E**  
 City **ORLANDO** FL **32806**

4. FEI Number **59-3405013**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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 **SHEILA WALLACE** (SHEILA WALLACE) 4/24/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **WALLACE, SHELIA**  
 CITY-ST-ZIP **6233 WESTGATE DR. #607**  
**ORLANDO FL 32835**

TITLE ☒ Change ☐ Addition  
 NAME **S**  
 STREET ADDRESS **WALLACE, SHELIA**  
 CITY-ST-ZIP **601 KALEY ST. EAST**  
**ORLANDO, FL. 32806**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SHEILA WALLACE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/00** **407-428-1634**  
 Date Daytime Phone #

CR2E034 (9/99)