

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07386

1. Entity Name

LEGACY INTERNATIONAL, INC.

Principal Place of Business

1999 SHADOW LAKE ROAD
P.O. BOX 37
LOWER WATERFORD VT 05848
US

Mailing Address

P.O. BOX 37
LOWER WATERFORD VT 05848
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 VAILE, TED
STREET ADDRESS RR #4 BOX 252
CITY-ST-ZIP PERU IN 46870 ☐ Delete

TITLE PD
NAME VAILE, BETTY
STREET ADDRESS RR 4# BOX 252
CITY-ST-ZIP PERU IN 46970 ☐ Delete

TITLE PD
NAME CHARMAN, JOHN
STREET ADDRESS 1255 MILLBURN CRESTCENT
CITY-ST-ZIP CUMBERLAND, ON CANADA K4-C1C9 ☐ Delete

TITLE PD
NAME VANDERMEULEN, WENDY
STREET ADDRESS 1255 MILLBURN CRESCENT
CITY-ST-ZIP CUMBERLAND CANADA ON K4-C1C9 ☐ Delete

TITLE SD
NAME TIRRELL, PEG
STREET ADDRESS P.O. BOX 37
CITY-ST-ZIP LOWER WATERFORD VT 05848 ☐ Delete

TITLE SD
NAME TIRRELL, DOC
STREET ADDRESS P.O. BOX 37
CITY-ST-ZIP LOWER WATERFORD VT 05848-0037 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Peg Tirrell REQUIRE *Peg Tirrell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 12, 2001

802-748-8538

Date

Daytime Phone #

CR2E037 (10/00)

0088642



DO NOT WRITE IN THIS SPACE