

# 2002 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 -0037  
US

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

39-1510400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VETTER, CHESTER W.  
201 FLETCHER LANE  
PLANT CITY FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS → 2284 W 400 S  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS → 2284 W 400 S  
CITY-ST-ZIP

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

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

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

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

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

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

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

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* REQ. PEG TIRRELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 2002

Date

802-748-8538

Daytime Phone #

FILED  
Jan 30, 2002 8:00 am  
Secretary of State

01-30-2002 90073 035 \*\*\*\*61.25

00013166



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)