

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90034 019 ***150.00

DOCUMENT # P01000017375

1. Entity Name

LEGENDARY YACHT SALES & BROKERAGE, INC.

Principal Place of Business

Mailing Address

**385 HIGHWAY 98 EAST, SUITE 60
 DESTIN FL 32541**

**385 HIGHWAY 98 EAST, SUITE 60
 DESTIN FL 32541**

2. Principal Place of Business

690 Regatta Bay Blvd.

3. Mailing Address

4460 Legendary Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. FEI Number

59-3701915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEGLER, MITCHELL W
 300-A WHARFSIDE WAY
 JACKSONVILLE FL 32207**

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, 2002 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 **D** ☐ Delete
 NAME **BOS, PETER H**
 STREET ADDRESS **385 HIGHWAY 98 EAST, SUITE 60**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VT** ☐ Change ☒ Addition
 NAME **BUSFIELD, DAVID A**
 STREET ADDRESS **4460 Legendary Dr., Ste. 400**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE **S** ☐ Change ☒ Addition
 NAME **PARKER, WENDY**
 STREET ADDRESS **4460 Legendary Dr., Ste. 400**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE **V** ☐ Change ☒ Addition
 NAME **PAGE, FRED D.**
 STREET ADDRESS **4460 Legendary Dr., Ste. 400**
 CITY-ST-ZIP **Destin, FL 32541**

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

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

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

CR2E034 (9/01)

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Parker

4/25/02

(850) 337-8000

Date

Daytime Phone #