

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90205 012 \*\*\*150.00

**DOCUMENT # P15083**

1. Entity Name  
**LEGEND ADVISORY CORPORATION**

Principal Place of Business  
**3920 RCA BLVD #2004**  
**PALM BEACH GARDENS FL 33410**

Mailing Address  
**3920 RCA BLVD #2004**  
**PALM BEACH GARDENS FL 33410-4283**

**604789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-2935555</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>SPINELLO, MARK J.</b> <b>3920 RCA BLVD.</b> <b>SUITE 2004</b> <b>PALM BEACH GARDENS FL 33410</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>President</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E034 (9/99)
NAME	<b>RESTINO, PHILIP C</b>		NAME	<b>Philip C. Restino</b>			
STREET ADDRESS	<b>24 ST GEORGE PLACE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>		CITY-ST-ZIP				
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>RESTINO, PHILIP C</b>		NAME				
STREET ADDRESS	<b>24 ST GEORGE PLACE</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>		CITY-ST-ZIP				
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GOLINO, PAULA</b>		NAME				
STREET ADDRESS	<b>10335 SANDY RUN RD</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>JUPITER FL 33418</b>		CITY-ST-ZIP				
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<b>Director</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>PROVINES, MICHAEL J</b>		NAME	<b>Michael J. Provines</b>			
STREET ADDRESS	<b>102 SIENNA OAKS CIRCLE WEST</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33410</b>		CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>BOWMAN, KELLY J</b>		NAME				
STREET ADDRESS	<b>3920 RCA BLVD STE 2004</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: Paula Golino Treasurer Date: 1/11/2000 Daytime Phone #: 561-694-0110