

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90205 006 ***150.00

DOCUMENT # P17840

1. Entity Name

LEGEND NATIONAL CORPORATION

604795



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3920 RCA BLVD #2004
 PALM BEACH GARDENS FL 33410

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3095703**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

FERRIS, GLENN T
3920 RCA BLVD.
STE 2004
PALM BEACH GARDENS FL 33410-0187

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, 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 **S** ☐ Delete
 NAME **BOWMAN, KELLY J**
 STREET ADDRESS **3920 RCA BLVD STE 2004**
 CITY-ST-ZIP **PALM BEACH FL**

TITLE **Vice President** ☐ Change ☒ Addition
 NAME **Kelley J. Bowman**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AVP** ☐ Delete
 NAME **FERRIS, GLENN T.**
 STREET ADDRESS **12 ADMIRAL'S CT**
 CITY-ST-ZIP **PALM BEACH GRDNS FL**

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

TITLE **T** ☐ Delete
 NAME **GOLINO, PAULA**
 STREET ADDRESS **3920 RCA BLVD STE 2004**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

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

TITLE **PD** ☐ Delete
 NAME **PROVINES, MICHAEL J**
 STREET ADDRESS **102 SIENNA OAKS CIRCLE WEST**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

TITLE **VP** ☒ Delete
 NAME **GORDON, BRIAN D**
 STREET ADDRESS **4050 VETERANS MEMORIAL HWY #1100**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 11741**

TITLE **AVP** ☒ Change ☐ Addition
 NAME **Gordon, Brian D**
 STREET ADDRESS **4250 Veterans Memorial Hwy #1100**
 CITY-ST-ZIP **Holt Brook, NY 11741**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula Golino Treasurer

Date

1/11/2000

Daytime Phone #

561-694-0110

CR2E034 (9/99)