

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21057

1. Entity Name

LEGEND FINANCIAL CORPORATION

Principal Place of Business

3920 RCA BLVD.
SUITE 2004
PALM BEACH GARDENS FL 33410

Mailing Address

3920 RCA BLVD.
SUITE 2004
PALM BEACH GARDENS FL 33410-4283

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SPINELLO, MARK J.
13367 WILLIAM MEYER CT
PALM BEACH GARDENS FL 33410

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, 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

TITLE PD
NAME RESTINO, PHILLIP C.
STREET ADDRESS 24 ST GEORGE PLACE
CITY-ST-ZIP PALM BCH GARDENS FL 33418 ☐ Delete

TITLE S
NAME BOWMAN, KELLEY J
STREET ADDRESS 1051 FAIRPAK CIRCLE WEST
CITY-ST-ZIP BOYNTON BEACH FL 33462 ☐ Delete

TITLE T
NAME GOLINO, PAULA
STREET ADDRESS 10355 SANDY RUN RD
CITY-ST-ZIP JUPITER FL 33478 ☐ Delete

TITLE VD
NAME RESTINO, ROBERT R
STREET ADDRESS 2359 TREASURE ISLE DR A38
CITY-ST-ZIP PALM BCH GARDENS FL ☐ Delete

TITLE D
NAME PROVINCES, MICHAEL J.
STREET ADDRESS 102 SIENNA OAKS CIRCLE WEST
CITY-ST-ZIP PALM BCH GARDENS FL 33410 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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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
Paula Golino

Date

Daytime Phone #

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

01-20-2000 90205 005 ***150.00

604796



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0066204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)