

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-20-2000 90205 007 ***150.00

DOCUMENT # P22951

1. Entity Name
THE LEGEND GROUP, INC.

604794



DO NOT WRITE IN THIS SPACE

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
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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 65-0093256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPINELLO, MARK J.
3920 RCA BLVD.
SUITE 2004
PALM BEACH GRDNS FL 33410

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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 PT	<input type="checkbox"/> Delete
NAME FERRIS, GLENN T	
STREET ADDRESS 417 WOODVIW CIR	
CITY-ST-ZIP PALM BEACH GARDENS FL	
TITLE S	<input type="checkbox"/> Delete
NAME BOWMAN, KELLY J	
STREET ADDRESS 3920 RCA BLVD STE 2004	
CITY-ST-ZIP PALM BEACH GRADENS FL	
TITLE VP	<input type="checkbox"/> Delete
NAME MIRALDA, GINGRICH	
STREET ADDRESS 3920 RCA BLVD STE 2004	
CITY-ST-ZIP PALM BEACH GARDENS FL	
TITLE D	<input type="checkbox"/> Delete
NAME RESTINO, PHILIP C	
STREET ADDRESS 24 ST GEORGE PLACE	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE D	<input type="checkbox"/> Delete
NAME PROVINES, MICHAEL J	
STREET ADDRESS 102 SIENNA OAKS CIRCLE WEST	
CITY-ST-ZIP PALM BEACH GARDENS FL 33410	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ *President / Treasurer* 1/11/2000 561-694-0110

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/99)