

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.

Principal Place of Business

Mailing Address

3920 RCA BLVD.
 SUITE 2004
 PALM BEACH GARDENS FL 33410

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

604794

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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPINELLO, MARK J.
3920 RCA BLVD.
SUITE 2004
PALM BEACH GRDNS FL 33410

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	PT	<input type="checkbox"/> Delete
NAME	FERRIS, GLENN T	
STREET ADDRESS	417 WOODVIEW 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		

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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President / Treasurer

Date

Daytime Phone #

1/11/2000

561-694-0410

CR2E034 (9/99)