

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91478 005 \*\*\*150.00

**DOCUMENT # P22951****1. Entity Name**  
**THE LEGEND GROUP, INC.****Principal Place of Business**  
**4600 EAST PARK DRIVE**  
**300**  
**PALM BEACH GARDENS FL 33410****Mailing Address**  
**3920 RCA BLVD.**  
**SUITE 2004**  
**PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **65-0093256**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****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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	VTD FERRIS, GLENN T 3920 RCA BOULEVARD, SUITE #2004 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	BOWMAN, KELLY J 3920 RCA BLVD STE 2004 PALM BEACH GRADENS FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director Butch, Thomas W. 6300 Lamar Avenue Shawnee Mission, KS 66202
<input type="checkbox"/> Delete	SV CARLSON, DANIEL W. 3920 RCA BOULEVARD, SUITE #2004 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	SPINELLO, MARK J 3920 RCA BOULEVARD, SUITE #2004 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	President/Director Spinello, Mark J. 3920 RCA Blvd., Suite 2004 Palm Beach Gardens, FL 33410
<input checked="" type="checkbox"/> Delete	PROVINES, MICHAEL J 3920 RCA BOULEVARD, SUITE #2004 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	HECHLER, ROBERT L 6300 LAMAR AVENUE SHAWNEE MISSION KS 66202	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

**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:** *Daniel W. Carlson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

561-694-0110

Date

Daytime Phone #

CR2E034 (9/01)