

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092521

1. Entity Name

LEGENDARY FARMS, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90084 001 ***150.00

Principal Place of Business 385 HIGHWAY 98 EAST SUITE 60 DESTIN FL 32541	Mailing Address 385 HIGHWAY 98 EAST SUITE 60 DESTIN FL 32541
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2. Principal Place of Business 4460 Legendary Dr.	3. Mailing Address 4460 Legendary Dr.
Suite, Apt. #, etc. Ste. 400	Suite, Apt. #, etc. Ste. 400
City & State Destin, FL	City & State Destin, FL

Zip 32541	Country USA	Zip 32541	Country USA
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6. Name and Address of Current Registered Agent LEGLER, MITCHELL W 300A WHARFSIDE WAY JACKSONVILLE FL 32207	
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4. FEI Number 59-3475334	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOS, PETER H 385 HIGHWAY 98 EAST SUITE 60 DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOS, PETER H 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LEGLER, MITCHELL W 385 HWY 98 E STE 60 DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, W 385 HWY 98E, STE 60 DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKER, WENDY 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUSFIELD, DAVID A 385 HWY 98E, STE #60 DESTIN FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUSFIELD, DAVID A 4460 LEGENDARY DRIVE, SUITE 400 DESTIN, FL 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  Peter H. Bos 4/25/01 850-337-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)