## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # V20528** May 04, 2000 8:00 am Secretary of State LEGENDARY DEVELOPMENT CORPORATION 05-04-2000 90126 028 \*\*\*150.00 Mailing Address Principal Place of Business 385 HIGHWAY 98 EAST 385 HIGHWAY 98 EAST SUITE 60 SUITE 60 DESTIN FL 32541 **DESTIN FL 32541-2351** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3110945 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITCHELL W LEGLER Street Address (P.O. Box Number is Not Acceptable) 300A WARFSIDE WAY JACKSONVILLE FL 32207 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE TITLE **BOS. PETER** NAME STREET ADDRESS 385 HWY 98 E, STE 60 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change X Addition X Delete TITLE V/S TITLE CLAUSON, GREG D. NAME NAME LEGLER, MITCHELL W STREET ADDRESS 385 HWY 98 E, STE 60 STREET ADDRESS 385 HWY 98E, STE 60 CITY-ST-ZIP CITY-ST-7IP DESTIN FL 32541 DESTIN. FL 32541 Change ☐ Addition TITLE ☐ Delete TITLE PARKER, WENDY NAME NAME 385 HIGHWAY 98 EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL ☐ Change ☐ Addition TITLE Delete TITLE LORENZEN, DWIGHT C. NAME NAME 385 HIGHWAY 98 EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL Change Addition TITLE X Delete TITLE BURKE, GAIL NAME NAME STREET ADDRESS STREET ADDRESS 385 HWY 98 E. STE 60 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change ☐ Addition VΤ TITLE TITLE ☐ Delete BUSFIELD, DAVID NAME STREET ADDRESS 385 HWY 98 E, STE 60 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 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 authorise, with all other like ampowered. 13. I hereby certify that the information supplied with

850-654-6500