

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90564 017 ***150.00

DOCUMENT # 473410

1. Entity Name
REGENCY AUTOHAUS, INC.

| | |
|---|--|
| Principal Place of Business 501 AIRPORT ROAD, SOUTH NAPLES FL 34104 US | Mailing Address 501 AIRPORT ROAD, SOUTH NAPLES FL 34104-3537 US |
|---|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|--------------------------|---------------------------------------|--------------------------|
| 4. FEI Number | 59-1580966 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIBIG, WOLFGANG
501-AIRPORT ROAD, SOUTH
501 AIRPORT ROAD, SOUTH
NAPLES FL 34104

| | |
|--|--------------------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KROUT, HAROLD E JR | NAME | |
| STREET ADDRESS | 521-31ST STREET SW | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 00000 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIEBIG, LISELOTTE | NAME | |
| STREET ADDRESS | 254 GULF SHORE BL. S. | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIEBIG, WOLFGANG T | NAME | |
| STREET ADDRESS | 1301 SPYGLASS LANE | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 00000 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIEBIG, THOMAS | NAME | |
| STREET ADDRESS | 256 GULF SHORE BL. S. | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOONTZ, RAYMOND W. JR. | NAME | |
| STREET ADDRESS | 822 99TH AVE N | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Harold E. Krout, Jr.* **SECRETARY** **4-28-00** **941-643-5006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HAROLD E. KROUT, JR.

CR2E034 (9/99)