

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 705769**

1. Entity Name

**REGENCY HOUSE, INC.**

Principal Place of Business

**2829 N.E. 30TH STREET  
FORT. LAUDERDALE FL 33306-1953**

Mailing Address

**2829 N.E. 30TH STREET  
FORT. LAUDERDALE FL 33306-1953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1159328**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PIRICH, DIANA E  
2419 MIDDLE RIVER DRIVE  
FORT LAUDERDALE FL 33305-2728**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PIRICH, MICHAEL E	
STREET ADDRESS	2419 MIDDLE RIVER DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305-2728	

TITLE	DV	<input type="checkbox"/> Delete
NAME	IAMMATTEO, JACK	
STREET ADDRESS	2829 NE 30TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	

TITLE	DST	<input type="checkbox"/> Delete
NAME	PIRICH, DIANA E	
STREET ADDRESS	2419 MIDDLE RIVER DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	

TITLE	DAT	<input type="checkbox"/> Delete
NAME	GABRIELLI, EDUARDO	
STREET ADDRESS	2829 NE 30TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL	

TITLE	DAS	<input type="checkbox"/> Delete
NAME	DONAHUE, ALFREDA	
STREET ADDRESS	2829 N.E. 30TH ST. #204	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

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		

TITLE	Director Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, Lawrence C.	
STREET ADDRESS	2829 NE 30th St. #306	
CITY-ST-ZIP	Ft Lauderdale FL 33306	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana E. Pirich

Date

Daytime Phone #

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90258 017 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)