

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H35883**

1. Entity Name

REGIONAL PROPERTY SERVICES, INC.

Principal Place of Business

Mailing Address

**2585 CENTERVILLE RD
TALLAHASSEE FL 32308****P.O. BOX 14001
TALLAHASSEE FL 32317-4001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2480117**

Applied For

Not Applicable

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

**SPRAGUE, GARY D.
2585 CENTERVILLE RD
TALLAHASSEE FL 32308**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VP&D	☐ Delete
NAME	SPRAGUE, SHEILA R	
STREET ADDRESS	2585 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	SVP	☒ Delete
NAME	MOORE, EDGAR M.	
STREET ADDRESS	3233 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	☒ Delete
NAME	SKELTON, BENSON L, JR.	
STREET ADDRESS	1320 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	☒ Delete
NAME	DEISON, ROBERT R.	
STREET ADDRESS	3233 THOMASVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	GARY SPRAGUE.	
STREET ADDRESS	2585 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY SPRAGUE

Date

1-8-01

Daytime Phone #

850-893-2500**FILED
Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90042 016 ***150.00

00000730



DO NOT WRITE IN THIS SPACE

0008991

CR2E034 (10/00)