

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0021845  
AV

05-02-2003 90238 022 \*\*\*150.00

**DOCUMENT # L86928**



1. Entity Name  
**REGENCY REALTY GROUP, INC.**

Principal Place of Business  
**121 W. FORSYTH STREET  
SUITE 200  
JACKSONVILLE FL 32202**

Mailing Address  
**200 LAURA STREET  
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3016736**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	AVP	<input type="checkbox"/> Delete
NAME	MILLER, KATHY D	
STREET ADDRESS	121 W FORSYTH ST., STE #200	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEIN, MARTIN E JR	
STREET ADDRESS	121 W FORSYTH STREET, STE #200	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LEAVITT, J C	
STREET ADDRESS	121 W. FORSYTH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOFHEIMER, N.A. JR	
STREET ADDRESS	121 W FORSYTH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, BRUCE M.	
STREET ADDRESS	121 W. FORSYTH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
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		<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 607, 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: *Kathy D Miller* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHY D. MILLER**  
**VICE PRESIDENT**

*4/28/03* (904) 598-7000  
Date Daytime Phone #

CR2E034 (10/02)