

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90012 006 ****61.25

DOCUMENT # N97000004478

1. Entity Name

REGENCY II OFFICE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3200 N WICKHAM
 MELBOURNE FL 32935
 US**

**P.O. BOX 33503
 INDIALANTIC FL 32903-0503
 US**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3502536

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JACOBS, JAMES B
 410 THURVSH DR.
 SATELLITE BEACH FL 32937**

Name **Jacobs, Joann B**

Street Address (P.O. Box Number is Not Acceptable)

410 Thrush Dr

City **Satellite Beach** **FL** Zip Code **32937**

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 *Joann B Jacobs*

Joann B Jacobs

3/14/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DTS** Delete
 NAME **SEAQUIST, LAURIE DR**
 STREET ADDRESS **3200 N. WICKHAM RD. #5**
 CITY-ST-ZIP **MELBURNE FL 32935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **JACOBS, JOANN B**
 STREET ADDRESS **410 THRUSH DR.**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **WALTERS, WAYNE**
 STREET ADDRESS **3200 N. WICKHAM ROAD #2**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Joann B Jacobs* **REQUI** *Joann B. Jacobs*

3/14/00

321-777-3551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2FC037 (9/99)