

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18206**

1. Entity Name
REGENCY EAST OFFICE PARK II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -3 PM 1:33

Principal Place of Business
**2431 ALOMA AVENUE
WINTER PARK FL 32792**

Mailing Address
**2431 ALOMA AVENUE
WINTER PARK FL 32792-2540**



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2470405		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HELLING, DALE D. 2431 ALOMA AVENUE WINTER PARK FL 32792				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$236,700.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G24216	STREET ADDRESS	
NAME	DDH INVESTMENT CORP.	CITY - ST - ZIP	
STREET ADDRESS	2431 ALOMA AVENUE		
CITY - ST - ZIP	WINTER PARK FL		
DOCUMENT #	G63564	STREET ADDRESS	
NAME	WESLEY SCOVANNER & ASSOC	CITY - ST - ZIP	
STREET ADDRESS	2435 ALOMA AVENUE		
CITY - ST - ZIP	WINTER PARK FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **04/26/00 407-678-1866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Dale D. Helling** Date Daytime Phone #

PRESIDENT