### 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000047823

**Entity Name: REGENCY CENTERS CORPORATION** 

FILED Feb 27, 2013 Secretary of State CC2990526214

## **Current Principal Place of Business:**

ONE INDEPENDENT DRIVE

SUITE 114

JACKSONVILLE, FL 32202-5019

# **Current Mailing Address:**

ONE INDEPENDENT DRIVE SUITE 114

JACKSONVILLE, FL 32202-5019 US

FEI Number: 59-3191743 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

F&L CORP ONE INDEPENDENT DRIVE SUITE 1300

JACKSONVILLE, FL 32202 US

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title CEO Title S VP

Name STEIN, MARTIN EJR Name MILLER, KATHY D

Address ONE INDEPENDENT DRIVE, SUITE Address ONE INDEPENDENT DRIVE, SUITE

JACKSONVILLE FL 32202-5019 City-State-Zip: JACKSONVILLE FL 32202-5019

TitleS VPTitleMANAGING DIRECTORNameLEAVITT, J CNameTHOMPSON, JAMES D

Address ONE INDEPENDENT DRIVE, SUITE Address ONE INDEPENDENT DRIVE

SUITE 114

City-State-Zip: JACKSONVILLE FL 32202-5019 City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP Title SEC

Name HOFHEIMER, NORMAN AJR Name JOHNSTON, BARBARA C

Address ONE INDEPENDENT DRIVE, SUITE Address ONE INDEPENDENT DRIVE, SUITE

City-State-Zip: JACKSONVILLE FL 32202-5019 City-State-Zip: JACKSONVILLE FL 32202-5019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.