

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90006 017 ***550.00

DOCUMENT # 338659

1. Entity Name
REGENCY HEIGHTS FOR MOBILE HOMES, INC.

Principal Place of Business

2550 HIGHWAY 580 EAST
PARK OFFICE
CLEARWATER FL 33761

Mailing Address

2550 HIGHWAY 580 EAST
PARK OFFICE
CLEARWATER FL 33761

2. Principal Place of Business

9926 Sublette Avenue

3. Mailing Address

9926 Sublette Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

33-8659621

Applied For

Not Applicable

Zip
32836

Country
USA

Zip
32836

Country
USA

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

BATTS, LARRY

4308 LIVE OAK BOULEVARD

PALM HARBOR FL 34685

Name

Steven Sweet

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

9926 Sublette Avenue

City
Orlando

FL

Zip Code **32836**

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 *[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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **SMOKER, BEVERLY**
STREET ADDRESS **637 TALLAHASSEE DRIVE NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **BATTS, LARRY**
STREET ADDRESS **4308 LIVE OAK BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **VP or Director** ☐ Change ☒ Addition
NAME **BATTS, GLORIA**
STREET ADDRESS **4308 Live Oak Boulevard**
CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **VD** ☒ Delete
NAME **SWEET, GLORIA**
STREET ADDRESS **4977 OXFORD AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **Treasurer - Director** ☐ Change ☒ Addition
NAME **PALMER, GLORIA SWEET**
STREET ADDRESS **4977 Oxford Avenue North**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **SD** ☐ Delete
NAME **AUCERMANN, MAJORIE S**
STREET ADDRESS **830 N SHORE DR NE SUITE 7D**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SWEET, STEVEN**
STREET ADDRESS **9926 SUBLETTE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **VIANO, NETIA A**
STREET ADDRESS **BOX 51**
CITY-ST-ZIP **NORTH IL 61553**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-02 727-712-3863

Date

Daytime Phone #

CR2E034 (4/02)