

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404544

1. Entity Name

REGENCY HEALTH FOODS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90094 026 ***150.00

Principal Place of Business
**9501 ARLINGTON EXPY
JACKSONVILLE FL 32225**

Mailing Address
**9501 ARLINGTON EXPY
JACKSONVILLE FL 32225-8200**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1401467**

Applied For
Not Applicable

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

**ROBISON, JAMES E
9501 ARLINGTON EXPY.
JACKSONVILLE FL 32211**

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	☐ Delete
NAME	ROBISON, JAMES E	
STREET ADDRESS	9501 ARLINGTON EXPWY	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	STD	☐ Delete
NAME	ROBISON, ELIZABETH W	
STREET ADDRESS	9501 ARLINGTON EXPWY	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VPD	☐ Delete
NAME	ROBISON, DAVID LANCE	
STREET ADDRESS	9501 ARLINGTON EXPWY	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **JAMES E ROBISON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2000
Date

904-725-3003
Daytime Phone #

CR2E034 (9/99)