

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90111 011 ****61.25

DOCUMENT # 748869

1. Entity Name

REGENCY PARK SECURITY PATROL, INC.



Principal Place of Business

**10240 REGENCY PARK BLVD.
PT. RICHEY FL 34668
US**

Mailing Address

**10240 REGENCY PARK BLVD.
PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**BRICK, PETER O
1511 REGENCY PARK BLVD
PT RICHEY FL 33568**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** ☐ Delete
NAME: **PATTERSON, GLEN**
STREET ADDRESS: **7205 BRENTWOOD DR**
CITY-ST-ZIP: **PORT RICHEY FL 34668**

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

TITLE: **VP** ☒ Delete
NAME: **FLATO, RICHARD**
STREET ADDRESS: **10230 GLEN MOOR LANE**
CITY-ST-ZIP: **PORT RICHEY FL 34668**

TITLE: **VP** ☐ Change ☐ Addition
NAME: **HAVEE, GAIL**
STREET ADDRESS: **9816 LAKESIDE LANE**
CITY-ST-ZIP: **PORT RICHEY, FL. 34668**

TITLE: **SD** ☐ Delete
NAME: **DOBIS, JEAN**
STREET ADDRESS: **7614 FOX HOLLOW DR**
CITY-ST-ZIP: **PORT RICHEY FL**

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

TITLE: **TD** ☐ Delete
NAME: **GRAHAM, EDWARD B.**
STREET ADDRESS: **7335 WESTCOTT DRIVE**
CITY-ST-ZIP: **PORT RICHEY, FL 00000**

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

TITLE: **D** ☒ Delete
NAME: **POLZ, ANNE M**
STREET ADDRESS: **10110 BRANDYWINE LANE**
CITY-ST-ZIP: **PORT RICHEY FL 34668**

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

TITLE: **D** ☒ Delete
NAME: **MEEK, JOSEPH**
STREET ADDRESS: **10227 GLEN MOOR LANE**
CITY-ST-ZIP: **PORT RICHEY FL 34668**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Edward B. Graham**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)