

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752945

1. Entity Name **THE REGENERATION CENTER, INC.**

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90237 028 ****61.25

Principal Place of Business
2017 BROWARD AVE.
WEST PALM BEACH FL 33401
US

Mailing Address
5960 FLATROCK ROAD
WEST PALM BEACH FL 33413-1123
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2009267**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REAMSYNDER, TERRY
5960 FLAT ROCK
WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent
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 **TERRY REAMSYNDER, PRESIDENT** **4-29-00**
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REAMSYNDER, TERRY	
STREET ADDRESS	5960 FLAT ROCK	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, RON G.	
STREET ADDRESS	154 PONCE DE LEON	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	ST	<input type="checkbox"/> Delete
NAME	REAMSYNDER CYNTHIA	
STREET ADDRESS	5960 FLATROCK ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS, EMMANUEL	
STREET ADDRESS	1233 45TH STREET SUITE C4	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELDER, ROBERT	
STREET ADDRESS	2831 AVENUE S	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSER, WILLIAM	
STREET ADDRESS	2320 TALLAHASSEE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: **SIGNATURE REQUIRED** **4/29/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)