

2002 UNIFORM BUSINESS REPORT (UBR)

0016472 AT

DOCUMENT # **A19161**

1. Entity Name
REGENCY SQUARE, LTD.

FILED

02 FEB -7 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**POST OFFICE BOX 801
PALM CITY FL 34991**

Mailing Address
**POST OFFICE BOX 801
PALM CITY FL 34991**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
59-2536038

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SAMPSON, DOUGLAS C
654 SW THORNHILL LANE
PALM CITY FL 34990**

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.

DATE

9. Capital Contributions
as Shown on record. **\$927,228.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **G60786**
NAME **FIRST ESTERN GROUP, INC.**
STREET ADDRESS **654 SW THORNHILL LANE**
CITY-ST-ZIP **PALM CITY FL 34990**

STREET ADDRESS

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*******526.25 *****526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SECRETARY **2/02/02** **54-228-493X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)