

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19161**

1. Entity Name
REGENCY SQUARE, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 26 PM 12:12



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, 2003

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)

33 Flagler Avenue

City

Stuart

FL

Zip Code

34994

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.

DATE

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

10. Amount of Capital Contributions in FLORIDA to date. **803,872**

11. MAKE CHECK PAYABLE TO FL. 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

33 Flagler Avenue

CITY-ST-ZIP

Stuart, Florida 34994

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CITY-ST-ZIP

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: **Douglas C Sampson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-18-03

Date

Daytime Phone #

CR2E003 (10/02)

0016740 AT