

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019967 MB

DOCUMENT # **A22505**

1. Entity Name
REGENCY PINES, LTD.



FILED
03 APR 30 AM 5:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**1515 N. HUNTINGTON LANE
SUITE 611
ROCKLEDGE FL 32955**

Mailing Address
**P.O. BOX 2244
KOKOMO IN 46904-2244**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1681214**

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

**NICKERSON, TERRY
1515 N. HUNTINGTON LANE
SUITE 611
ROCKLEDGE FL 32955**

Name **Heather Meredith**

Street Address (P.O. Box Number is Not Acceptable)

1944 Quail Ridge Ct. #701

City **Cocoa**

FL

Zip Code
32926

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]*
Signature, typed or printed name of registered agent and title if applicable.

Heather Meredith 4/22/03
DATE

9. Capital Contributions
as Shown on record. **\$1,300,005.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **M99285**
NAME **REGENCY PINES MANAGEMENT**
STREET ADDRESS **1515 N. HUNTINGTON LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

STREET ADDRESS

CITY-ST-ZIP

700017544757
04/30/03--01025--010 **535.00

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STREET ADDRESS

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mick L. Owens Pres 4/16/03 765-453-9600
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE