

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017962 AB

DOCUMENT # **A29321**

1. Entity Name  
**FLORIDA REGENCY LTD.**



Principal Place of Business  
P.O. BOX 1975  
330 SOUTH STREET  
MORRISTOWN NJ 07962-1975

Mailing Address  
P.O. BOX 1975  
330 SOUTH STREET  
MORRISTOWN NJ 07962-1975

**FILED**

03 JAN 30 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

Zip

Country

Zip

Country

4. FEI Number **22-3041067**

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

**CRONIN, JOHN  
CRONIN, JACKSON, NIXON & WILSON  
2560 GULF TO BAY BLVD., STE. 200  
CLEARWATER FL 34625-4419**

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.

DATE

9. Capital Contributions  
as Shown on record. **\$5,040,990.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$0.00**

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 # **L32587**  
NAME **FLORIDA REGENCY INC.**  
STREET ADDRESS **330 SOUTH ST.**  
CITY-ST-ZIP **MORRISTOWN NJ**

STREET ADDRESS

CITY-ST-ZIP

**486011198134**  
**01/29/03--01109--003 \*\*141.25**

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CITY-ST-ZIP

**THOMAS**

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

**Donald R. Smith, VP**

**1/23/03**

**(973) 290-2305**

Date

Daytime Phone #

CR2E003 (10/02)