

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000321

1. Entity Name

REGENCY PROPERTIES, LTD.

Principal Place of Business

3300 S. CONGRESS AVE., 1-A
BOYNTON BEACH FL 33426

Mailing Address

3300 S. CONGRESS AVENUE
SUITE 1A
BOYNTON BEACH FL 33426-9071



2. Principal Place of Business

3. Mailing Address

3040 WEDGEWOOD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

DELRAY BEACH

4. FEI Number

65-0494402

Applied For
Not Applicable

Zip

Country

Zip

33445

Country

P. BEACH

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

HORA, CHARLES M
3040 WEDGEWOOD BLVD.
DELRAY BEACH FL 33445

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$16,000.00

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 #

P98000041623

NAME

ARCO PROPERTIES, INC.

STREET ADDRESS

3040 WEDGEWOOD BOULEVARD

CITY - ST - ZIP

DELRAY BEACH FL 33445

STREET ADDRESS

CITY - ST - ZIP

112.00-UP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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06/14/00 01025-027

****200.75 ****200.75

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/00

Date

Daytime Phone #

FILED

FILED
00 MAY -1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA