

2002 UNIFORM BUSINESS REPORT (UBR)

0021055 SP

W 5/17

DOCUMENT # A94000000321

1. Entity Name

REGENCY PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 3:41



Principal Place of Business

3040 WEDGEWOOD BLVD.
DELRAY BEACH FL 33445

Mailing Address

3040 WEDGEWOOD BLVD.
DELRAY BEACH FL 33445
US

2. Principal Place of Business

3. Mailing Address

3040 WEDGEWOOD BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

DELRAY BCH, FL

4. FEI Number

65-0494402

Applied For

Not Applicable

Zip

Country

Zip

33445

Country

US

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

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

300005576473--9

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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: *[Signature]*

4/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE