

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000197**

1. Entity Name

**REGENCY OCEAN EAST PARTNERSHIP, LTD.**

Principal Place of Business

**121 WEST FORSYTH STREET, SUITE 200  
JACKSONVILLE FL 32202**

Mailing Address

**121 WEST FORSYTH STREET, SUITE 200  
JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

**200 Laura Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

Zip

Country

**32202**

Country

4. FEI Number

**59-3376116**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**F&L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

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.

(NO E-Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$2,643,922.00**

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

DOCUMENT # **B97000000103**  
NAME **REGENCY CENTERS, L.P.**  
STREET ADDRESS **121 WEST FORSYTH STREET, SUITE 200**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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  
**By Regency Centers, L.P., by Regency Centers Corporation**

SIGNATURE:

**Kathy Dean, VP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Kathy Dean, VP**

**April 10, 2001**

**904-598-7471**

Date

Daytime Phone #

**FILED**  
**01 APR 27 PM 6:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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