

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001063**

1. Entity Name

**REGAN LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 6:25

Principal Place of Business  
23905 S.W. 167TH AVENUE  
HOMESTEAD FL 33031

Mailing Address  
23905 S.W. 167TH AVENUE  
HOMESTEAD FL 34990-4238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **26 RIVERWAY BLVD. SW** 3. Mailing Address **26 RIVERWAY BLVD SW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PALM CITY, FL.**

City & State  
**PALM CITY, FL.**

4. FEI Number **65-0839075**

Applied For  
Not Applicable

Zip  
**34990**

Country

Zip  
**34990**

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

**GANS, ROY**  
23905 S.W. 167TH AVENUE  
HOMESTEAD FL 33031

Name **ROY GANS**

Street Address (P.O. Box Number is Not Acceptable)  
**26 RIVERWAY BLVD.**

City **PALM CITY** FL Zip Code **34990**

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 *Roy Gans* **ROY GANS**

DATE **1/24/00**

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 **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date ~~XXXXXXXXXX~~

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 #  
NAME **GANS, ROY**  
STREET ADDRESS **23905 S.W. 167TH AVENUE**  
CITY - ST - ZIP **HOMESTEAD FL 33031**

STREET ADDRESS **26 RIVERWAY BLVD SW**  
CITY - ST - ZIP **PALM CITY, FL. 34990**

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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:

*Roy Gans* **ROY GANS**

DATE **1/24/00** DAYTIME PHONE # **561-219-4360**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

DAYTIME PHONE #

CR2E003 (9/99)