

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # F33143

1. Entity Name
REGENCY CABANAS, INC.

Principal Place of Business
ONE INDEPENDENT DR
2210
JACKSONVILLE FL
32202 US

Mailing Address
P.O. BOX 52852
JACKSONVILLE FL
32201852 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
ONE INDEPENDENT DR
2210
Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

Zip Country
32202 US

4. FEI Number
59-2089376
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SURFACE, J FRANK
ONE INDEPENDENT DRIVE
STE 2210
JACKSONVILLE FL
32202 US

7. Name and Address of New Registered Agent
Name
SURFACE FRANK JJR
Street Address (P.O. Box Number is Not Acceptable)
ONE INDEPENDENT DRIVE
STE 2210
City JACKSONVILLE FL Zip Code 32202

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 **J. FRANK SURFACE, JR.**

04/26/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	PETWAY III, THOMAS F	
STREET ADDRESS	2727 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PAYLOR, LARRY E	
STREET ADDRESS	2815 MADRID AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	SURFACE, J FRANK	
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 2210	
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETWAY THOMAS FIII	
STREET ADDRESS	5011 GATE PARKWAY, SUITE 150	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYLOR LARRY E	
STREET ADDRESS	2815 MADRID AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURFACE FRANK JJR	
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 2210	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **J. FRANK SURFACE, JR**

PSD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)