

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003519

1. Entity Name

REGENCY NATIONAL ASSOCIATES, INC.

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90152 024 ***150.00

Principal Place of Business
10670 NORTH CENTRAL EXPWAY, SUITE 600
DALLAS TX 75231

Mailing Address
10670 NORTH CENTRAL EXPWAY, SUITE 600
DALLAS TX 75231

2. Principal Place of Business
1800 Valley View Lane

3. Mailing Address
1800 Valley View Lane

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Dallas, Texas

City & State
Dallas, Texas

Zip
75234

Country
USA

4. FEI Number 75-2398851

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLAHA, KARL L 10670 N CENTRAL EXPWY., SUITE 600 DALLAS TX 75231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLAND, THOMAS A. 10670 NORTH CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALDMAN, ROBERT A 10670 NORTH CENTRAL EXPRESSWAY, SUITE 600 DALLAS TX 75231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1800 Valley View Lane Suite 300 Dallas, Texas 74234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mark W. Branigan 1800 Valley View Lane Suite 300 Dallas, Texas 75234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1800 Valley View Lane Suite 300 Dallas, Texas 74234	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kelly Stracener 1800 Valley View Lane, Suite 300 Dallas, Texas 75234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

M.R. Rostover, Jr.
M.R. Rostover, Jr. - Treas

Date

Daytime Phone #

CR2E034 (10/00)