

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90076 049 ***150.00

0441854

DOCUMENT # F96000004074

1. Entity Name

REGENCY GREEN NATIONAL CORP.

Principal Place of Business

**280 PARK AVE E BLDG 20TH FLR
 NY NY 10017**

Mailing Address

**280 PARK AVE E BLDG 20TH FLR
 NY NY 10017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3849007**

Applied For
 Not Applicable

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

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

Name
CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 City **Plantation** FL Zip Code **33324**

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.

**C. Morales
 Special Asst. Secretary**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DCP
 FRIEDMAN, WILLIAM S
 280 PARK AVE E BLDG 20TH FLR
 NY NY 10017** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DCEOP
 1775 Broadway, 23rd Floor
 New York, NY 10019** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 SCHNITZ, BRUCE
 280 PARK AVE E BLDG 20TH FLR
 NY NY 10017** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPT
 MINOR, TODD C
 3100 MONTICELLO STE 200
 DALLAS TX 75205** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SVPT ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SV
 MANSFIELD, KATHRYN
 3100 MONTICELLO STE 200
 DALLAS TX 75205** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
EVPS ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CFOV
 DAVIS, ERIN
 3100 MONTICELLO STE 200
 DALLAS TX 75205** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CFO EVP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 RUBENSTEIN, CHARLES
 280 PARK AVE., EAST BLDG., 20TH FLOOR
 NEW YORK NY 10017** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**EVP
 1775 Broadway, 23rd Floor
 New York, NY 10019** ☒ Change ☐ 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:

Kathryn Mansfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN MANSFIELD 4-9-01 214-599-2200

Date

Daytime Phone #

CR2E034 (10/00)