

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003029

1. Entity Name

REGENCY INSURANCE COMPANY

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90219 002 ***150.00

Principal Place of Business

Mailing Address

3711 LATROBE DR
CHARLOTTE NC 28211

P.O. BOX 222038
CHARLOTTE NC 28222-2038

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 **56-1543230**

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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, 2000 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 ☐ Delete

NAME **VD SATTERFIELD, JAMES**
STREET ADDRESS **195 LAKE LOUIS RD**
CITY-ST-ZIP **ROCK HILL NY 12775**

TITLE ☐ Delete

NAME **V HARTWICK, GERALD**
STREET ADDRESS **195 LAKE LOUIS RD**
CITY-ST-ZIP **ROCK HILL NY 12775**

TITLE ☐ Delete

NAME **S LOUGHLIN, JOSEPH P**
STREET ADDRESS **40 OLD SACKETT ROAD**
CITY-ST-ZIP **ROCK HILL NY**

TITLE ☐ Delete

NAME **TD MISHLER, MARY HENRY**
STREET ADDRESS **195 LAKE LOUISE MARIE ROAD**
CITY-ST-ZIP **ROCK HILL NY 12775**

TITLE ☐ Delete

NAME **PD RHULEN, HARRY W**
STREET ADDRESS **195 LAKE LOUIS MARIE RD**
CITY-ST-ZIP **ROCK HILL NY 12775**

TITLE ☐ Delete

NAME **D RHULEN, HARRY W**
STREET ADDRESS **195 LAKE LOUISE MARIE ROAD**
CITY-ST-ZIP **ROCK HILL NY 12775**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP **see Attached list**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Mishler 4/5/00

Date

914-796-2100

Daytime Phone #

CR2E034 (9/99)

#F9700003029 831749

REGENCY INSURANCE COMPANY

President: Harry W. Rhulen

Vice Presidents: James William Satterfield
Gerard Hartwick
Kathleen Dufraine

Secretary: Joseph P. Loughlin

Treasurer: Mark H. Mishler

Directors: Mark H. Mishler
James W. Satterfield
Harry W. Rhulen
Joseph P. Loughlin

The Business address of all officers and directors is as follows:

Regency Insurance Company
195 Lake Louise Marie Rd.
Rock Hill, NY 12775