

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003029

1. Entity Name

REGENCY INSURANCE COMPANY

Principal Place of Business

3711 LATROBE DR
CHARLOTTE NC 28211

Mailing Address

P.O. BOX 222038
CHARLOTTE NC 28211

ATTN: Legal Compliance

2. Principal Place of Business

3. Mailing Address

P.O. Box 147018

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Gainesville, Fl.

Zip

Country

Zip

32614-7018

Country

USA

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

TITLE C, CEO ☐ Change ☒ Addition
NAME William J. Shively
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gainesville, Fl. 32605

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

TITLE P/COO ☐ Change ☒ Addition
NAME Phillip M. Thomasson
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gainesville, Fl 32605

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

TITLE VP ☐ Change ☒ Addition
NAME Donald C. Matz, Jr
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gainesville, Fl 32605

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

TITLE S ☐ Change ☒ Addition
NAME Jonathon B. Palmquist
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gainesville, Fl 32605

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

TITLE T ☐ Change ☒ Addition
NAME Brian Sheekey
STREET ADDRESS 7201 NW 11th Place
CITY-ST-ZIP Gaineville, Fl 32605

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

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

Date

Daytime Phone #

CR2E034 (10/00)