

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90009 032 ***158.75

0065488 AV

DOCUMENT # F97000003029

1. Entity Name

REGENCY INSURANCE COMPANY

Principal Place of Business

**3711 LATROBE DR
CHARLOTTE NC 28211**

Mailing Address

**P.O. BOX 147018
GAINESVILLE FL 32614-7018**

2. Principal Place of Business

7201 NW 11 Place

3. Mailing Address

Suite, Apt. #, etc.

ATTN: Legal Compliance

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32605

Country

USA

Zip

32605

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

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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, 2002 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	CCEO	<input type="checkbox"/> Delete
NAME	SHIVELY, WILLIAM J	
STREET ADDRESS	7201 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PCOO	<input type="checkbox"/> Delete
NAME	THOMASSON, PHILLIP M	
STREET ADDRESS	7201 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATZ, DONALD C JR	
STREET ADDRESS	7201 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	S	<input type="checkbox"/> Delete
NAME	PALMQUIST, JOHNATHON B	
STREET ADDRESS	7201 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	SHEEKEY, BRIAN	
STREET ADDRESS	7201 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
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:

JOHNATHON B. PALMQUIST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)