

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001915

1. Entity Name

REGUS BUSINESS CENTRE CORP.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90033 024 \*\*\*150.00

Principal Place of Business

100 MANHATTANVILLE ROAD.. SUITE 400  
PURCHASE NY 10577

Mailing Address

100 MANHATTANVILLE ROAD.. SUITE 400  
PURCHASE NY 10577

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3944507

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 PD ☐ Delete  
NAME DIXON, MARK L  
STREET ADDRESS KNYVETT HOUSE/THE CAUSEWAY/STAINES/  
CITY-ST-ZIP MIDDLESEX/TW18 3BA/UK

TITLE DST ☐ Delete  
NAME LOBO, RUDOLF J  
STREET ADDRESS KNYVETT HOUSE/THE CAUSEWAY/STAINES/  
CITY-ST-ZIP MIDDLESEX/TW18 3BA/UK

TITLE EV ☐ Delete  
NAME GAUDREAU, ROBERT  
STREET ADDRESS 6 BURNS ROAD  
CITY-ST-ZIP WEST HARRISON NY

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EV ☐ Change ☒ Addition  
NAME WILLIAM I. LEES, JR.  
STREET ADDRESS REGUS, 100 MANHATTANVILLE ROAD  
CITY-ST-ZIP PURCHASE, NY 10577

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

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

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

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

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 another I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William I. Lees, Jr. 1/8/2001 (914) 304-4100

Date

Daytime Phone #

CR2E034 (10/00)