

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001984

1. Entity Name

REGENCY AFFILIATES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90017 036 ***150.00

Principal Place of Business

Mailing Address

729 S. FEDERAL HWY, SUITE 307
STUART FL 34994

729 S. FEDERAL HWY, SUITE 307
STUART FL 34994-2913

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 72-0888772

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

LONG, DOUGLAS F
729 S. FEDERAL HWY, SUITE 307
STUART FL 34994

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 PC
NAME PONSOLDT, WILLIAM R
STREET ADDRESS 729 S. FEDERAL HWY, SUITE 307
CITY-ST-ZIP STUART FL 34994 ☐ Delete

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

TITLE CEO
NAME PONSOLDT, WILLIAM R
STREET ADDRESS 729 S. FEDERAL HWY, SUITE 307
CITY-ST-ZIP STUART FL 34994 ☐ Delete

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

TITLE CFO
NAME LONG, DOUGLAS F
STREET ADDRESS 729 S. FEDERAL HWY, SUITE 307
CITY-ST-ZIP STUART FL 34994 ☐ Delete

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

TITLE D
NAME CAREY, STEPHANIE
STREET ADDRESS KING & GEORGE ST, PO BOX CB-10985
CITY-ST-ZIP NASSAU, BAHAMAS ☐ Delete

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

TITLE D
NAME CRAFFEY, MARTIN J
STREET ADDRESS 58 MAINSAIL DR
CITY-ST-ZIP PATCHOGUE NY 11772 ☐ Delete

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

TITLE D
NAME HORBACH, LARRY J
STREET ADDRESS 1869 S. 120TH ST
CITY-ST-ZIP OMAHA NE 68144 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eynice M. Antosh

Date

Daytime Phone #

4/3/00 402-330-7460

CR2E034 (9/99)