

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001984

1. Entity Name  
REGENCY AFFILIATES, INC.

**FILED**  
Aug 01, 2002 8:00 am  
Secretary of State

08-01-2002 90163 010 \*\*\*550.00

0108072 AV

Principal Place of Business

729 S. FEDERAL HWY. SUITE 307  
STUART FL 34994

Mailing Address

729 S. FEDERAL HWY. SUITE 307  
STUART FL 34994



2. Principal Place of Business

610 N.E. JENSEN BEACH BLVD.

Suite, Apt. #, etc.

3. Mailing Address

610 N.E. JENSEN BEACH BLVD.

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL.

City & State

JENSEN BEACH, FL.

4. FEI Number 72-0888772

Applied For

Not Applicable

Zip 34957

Country U.S.

Zip 34957

Country U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALDINGER, MARC

729 S. FEDERAL HWY, SUITE 307  
STUART FL 34994

7. Name and Address of New Registered Agent

BALDINGER, MARC

Street Address (P.O. Box Number is Not Acceptable)

610 N.E. JENSEN BEACH BLVD.

City

JENSEN BEACH, FL

Zip Code

34957

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 PC  
NAME PONSOLDT, WILLIAM R  
STREET ADDRESS 729 S. FEDERAL HWY, SUITE 307  
CITY-ST-ZIP STUART FL 34994 ☐ Delete

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 610 N.E. JENSEN BEACH BLVD.  
CITY-ST-ZIP JENSEN BEACH, FL. 34957

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 610 N.E. JENSEN BEACH BLVD.  
CITY-ST-ZIP JENSEN BEACH, FL. 34957

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 610 N.E. JENSEN BEACH BLVD.  
CITY-ST-ZIP JENSEN BEACH, FL. 34957

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 145 ROSELAND LANE  
CITY-ST-ZIP EAST PATCHOGUE, N.Y. 11772

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 610 N.E. JENSEN BEACH BLVD.  
CITY-ST-ZIP JENSEN BEACH, FL. 34957

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, 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 (4/02)