

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2004 08:00 AM
Secretary of State

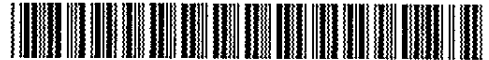
DOCUMENT # F98000001984

1. Entity Name
REGENCY AFFILIATES, INC.



Principal Place of Business
**610 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957 US**

Mailing Address
**610 NE JENSEN BEACH BLVD
JENSEN BEACH, FL 34957 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**GRAZI, LEIF
217 E. OCEAN BLVD.
STUART, FL 34995-2846**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
LEVY, LAURENCE S
595 MADISON AVE, STE. 3500
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
LEVY, LAURENCE S
595 MADISON AVE, STE. 3500
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
HASSON, NEIL N
595 MADISON AVE, STE. 3500
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ZELINSKI, CAROL
595 MADISON AVE, STE. 3500
NEW YORK, NY 10022**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLEISHMAN, STANLEY
15-24 132 ST
COLLEGE POINT, NY 11356**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLASSER, ERROL
280 MADISON AVE, STE. 600
NEW YORK, NY 10016**

**000000004027
01/14/04-80011-018 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

1/9/04 212-644-3450
Date Daytime Phone #