

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90731 026 ***150.00

06050220 : AV

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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**



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

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

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
PONSOLDT, WILLIAM R
610 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN/PRESIDENT/CEO
LEVY, LAURENCE S.
595 MADISON AVENUE - SUITE 3500
NEW YORK NY 10022** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
PONSOLDT, WILLIAM R
610 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
HASSON, NEIL N.
595 MADISON AVENUE - SUITE 3500
NEW YORK NY 10022** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
BALDINGER, MARC
610 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
ZELINSKI, CAROL
595 MADISON AVENUE - SUITE 3500
NEW YORK NY 10022** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
FLEISHMAN, STANLEY
15-24 132 STREET
COLLEGE POINT NY 11356** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAFFEY, MARTIN J
145 ROSELAND LANE
EAST PATCHOGUE NY 11772** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
GLASSER, ERROL
280 MADISON AVENUE - SUITE 600
NEW YORK NY 10016** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PONSOLDT, WILLIAM
610 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957** ☒ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

LAURENCE LEVY

3/25/03

(212) 644-3450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)