

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90004 017 ***550.00

DOCUMENT # F99000006382

1. Entity Name
REGIS REALTY, INC.

Principal Place of Business
**10670 NORTH CENTRAL EXPRESSWAY
 DALLAS TX 75231**

Mailing Address
**10670 NORTH CENTRAL EXPRESSWAY
 DALLAS TX 75231**

2. Principal Place of Business
555 Republic Drive

3. Mailing Address
555 Republic Drive

Suite, Apt. #, etc.
Suite 490

Suite, Apt. #, etc.
Suite 490

City & State
Plano, TX

City & State
Plano, TX

Zip
75074

Country
USA

Zip
75074

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **75-2820768**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENDENDYK, BRUCE A 10670 NORTH CENTRAL EXPRESSWAY DALLAS TX 75231 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SHUMATE, F. TERRY 10670 NORTH CENTRAL EXPRESSWAY DALLAS TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SHUMATE, F. TERRY 10670 NORTH CENTRAL EXPRESSWAY DALLAS TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASTON, PATRICIA 10670 NORTH CENTRAL EXPRESSWAY DALLAS TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, RICHARD 10670 NORTH CENTRAL EXPRESSWAY DALLAS TX 75231 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERMAN, JANE 10670 NORTH CENTRAL EXPRESSWAY DALLAS TX 75231 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Shumate, F. Terry 1600 Red Bud Blvd. McKinney, TX 75069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Shumate, F. Terry 1600 Red Bud Blvd. McKinney, TX 75069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Aston, Patricia 1600 Red Bud Blvd McKinney, TX 75069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Edwards, Richard 1600 Red Bud Blvd. McKinney, TX 75069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Herman, Jane 1600 Red Bud Blvd McKinney, TX 75069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
F. Terry Shumate

Date

8/20/01

Daytime Phone #

214-750-5800

CR2E034 (5/01)