

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G10322

1. Entity Name

REGENCY HOME HEALTH SERVICES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90040 029 ***150.00

Principal Place of Business

Mailing Address

% ABRAHAM A. GALBUT, ESQ.
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

% ABRAHAM A. GALBUT, ESQ.
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139-5015

624572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2232667

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GALBUT, ABRAHAM A., ESQ.
999 WASHINGTON AVENUE
MIAMI BEACH FL 33139

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 PST ☐ Delete
NAME GALBUT, RUSSELL W.
STREET ADDRESS 999 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE D ☒ Delete
NAME GALBUT, RUSSELL W.
STREET ADDRESS 999 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL

TITLE VP ☐ Delete
NAME GALBER, ABRAHAM A
STREET ADDRESS 999 WASHINGTON AVE.
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PS D ☒ Change ☐ Addition
NAME ABRAHAM A. GALBUT
STREET ADDRESS 999 WASHINGTON AVNEUE
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VPTD ☒ Change ☐ Addition
NAME RUSSELL W. GALBUT
STREET ADDRESS 555 NE 15 STREET
CITY-ST-ZIP MIAMI FL 33132

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

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

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

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

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)