

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G80210

1. Entity Name

THE REGENCY ORGANIZATION, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90009 034 ***150.00

Principal Place of Business

Mailing Address

2670 US HWY 19N
STE 301
CLEARWATER FL 33761
US

11000 BROKEN LAND PKWY
C915
COLUMBIA MD 21044-3541
US

2. Principal Place of Business

2536 Countryside Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 250

City & State

Clearwater FL

Zip

33763

Country

Zip

Country

4. FEI Number 59-2367217

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

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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
NAME
STREET ADDRESS
CITY-ST-ZIP
GARRITY, JOHN
2670 US HWY 19N STE 301
CLEARWATER FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2536 Countryside Blvd Ste 250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WRIGHT, WILLIAM
2670 US HWY 19N STE 301
CLEARWATER FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2536 Countryside Blvd Ste 250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
NORTON, DAVID C.
2670 US HWY 19N STE 301
CLEARWATER FL 33761

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GECKLE, TIMOTHY J
11000 BROKEN LAND PKWY
COLUMBIA MD 21044

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
MENTCH, RENE L
11000 BROKEN LAND PKWY
COLUMBIA MD 21044

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY J. GECKLE 5/1/2000 410-715-7000

Date

Daytime Phone #

CR2E034 (9/99)