FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # G80210 1. Entity Name -27-2002 90335 007 ***150 00 THE REGENCY ORGANIZATION, INC. Principal Place of Business Mailing Address 2536 COUNTRYSIDE BLVD 24025 PARK SORRENTO SLITE 400 STE 250 **CLEARWATER FL 33763** CALABASAS CA 91302 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2367217 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** TALLAHASSEE FL 32301 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 12 CR2E034 (9/01) TITLE ☐ Delete TITLE Garritu, John NAME GARRITY: JOHN NAME 2536 Cobntryside Blvd Ste 250 Clearwater, FL 33763: STREET ADDRESS 2536 COUNTRYSIDE BLVD STE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 TITLE Delete TITLE wright, William NAME WRIGHT, WILLIAM NAME STREET ADDRESS 255 Pine Avenue North STREET ADDRESS 2536 COUNTRYSIDE BLVD STE 250 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 Oldsmar, FL 3467 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME GECKLE, TIMOTHY J STREET ADDRESS STREET ADDRÉSS 24025 PARK SORRENTO, SUITE 400 CITY-ST-ZIP CITY-ST-ZIP CALABASAS CA 91302 TITLE Delete TITLE Change ☐ Addition NAME MENTCH, RENE L NAME STREET ADDRESS 24025 PARK SORRENTO, SUITE 400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CALABASAS CA 91302 Addition TITLE Delete TITLE Change Harriet A. Britton. NAME NORTON, DAVID NAME 24025 Park Sorrento, Suite 400 STREET ADDRESS STREET ADDRESS 2536 COUNTRY BLVD, SUITE 250 CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP Calabasas CA 91303 ☐ Delete TITLE Change Addition NAME LOWE, CATHEY S NAME STREET ADDRESS 24025 PARK SORRENTO, SUITE 400 STREET ADDRESS CITY-ST-ZIP CALABASAS CA 91302 CITY-ST-ZIP

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

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

SIGNATURE: \(\)