

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90194 032 ***150.00

DOCUMENT # H35883

1. Entity Name
REGIONAL PROPERTY SERVICES, INC.

Principal Place of Business 1940 BUFORD BLVD. TALLAHASSEE FL 32308	Mailing Address 1940 BUFORD BLVD. TALLAHASSEE FL 32308-4443
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2. Principal Place of Business 2585 CENTERVILLE RD Suite, Apt. #, etc.	3. Mailing Address P.O. Box 14001 Suite, Apt. #, etc.
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City & State TALLAHASSEE FL.	City & State TALLAHASSEE
Zip 32308	Zip 32317-4001

4. FEI Number 59-2480117	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPRAGUE, GARY D.
1940 BUFORD BLVD.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
2585 CENTERVILLE RD.
TALLAHASSEE FL FL 32308

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: **GARY SPRAGUE** DATE: **4/27/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD	NAME SPRAGUE, GARY D.	TITLE President/Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1940 BUFORD BLVD.	CITY-ST-ZIP TALLAHASSEE FL 32308	STREET ADDRESS 2585 CENTERVILLE RD.	CITY-ST-ZIP TALLAHASSEE FL 32308
TITLE SVP	NAME MOORE, EDGAR M.	TITLE Vice-President/Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3233 THOMASVILLE RD	CITY-ST-ZIP TALLAHASSEE FL 32312	STREET ADDRESS 2585 Centerville Road	CITY-ST-ZIP Tallahassee, FL 32308
TITLE PD	NAME SKELTON, BENSON L., JR.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1320 THOMASWOOD DRIVE	CITY-ST-ZIP TALLAHASSEE FL 32312	STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME BEISON, ROBERT R.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3233 THOMASVILLE RD	CITY-ST-ZIP TALLAHASSEE FL 32312	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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: **GARY SPRAGUE** DATE: **4/27/2000** DAYTIME PHONE #: **893-2500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)