

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H37246

1. Corporation Name  
REGENCY SUNCOAST, INC.

Principal Place of Business  
% C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324-2630

Mailing Address  
% C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324-2630

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90217 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1985

4. FEI Number

59-2496792

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3029 South Suncoast Blvd.

26 3029 South Suncoast Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Homosassa, Florida

City & State

28 Homosassa, Florida

Zip

24 34448

Country

25 U.S.A.

Zip

29 34448

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

Donald E. Jacobs

82 Street Address (P.O. Box Number is Not Acceptable)

12153 South Dunes Road

83

84 City

Boynton Beach

FL

85 Zip Code  
33436

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Donald E. Jacobs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
VD  
JACOBS, DONALD E.  
STREET ADDRESS  
W226 S1700 HWY A  
CITY-ST-ZIP  
WAUKESHA WI

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
PD  
HALL, HAROLD C.  
STREET ADDRESS  
3029 S. SUNCOAST BLVD.  
CITY-ST-ZIP  
HOMOSASSA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
SD  
CURRAN, JOHN C.  
STREET ADDRESS  
777 N. PROSPECT AVE.  
CITY-ST-ZIP  
MILWAUKEE WI 53202

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald E. Jacobs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/99 561-732-117  
414-542571

CR2E034 (11/98)