## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 27, 2000 8:00 am **DOCUMENT # H37246** 1. Entity Name Secretary of State REGENCY SUNCOAST, INC. 03-27-2000 90068 030 \*\*\*150.00 Principal Place of Business Mailing Address 3029 S SUNCOAST BLVD 3029 S SUNCOAST BLVD HOMOSASSA FL 34448 HOMOSASSA FL 34448-1836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2496792 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7.-Name and Address of New Registered Agent HAU , HAROLD C JACOBS, DONALD E Street Address (P.O. Box Number is Not Acceptable) 12153 SOUTH DUNES RD **BOYNTON BEACH FL 33436** OMUSASSA, 34448 8. The above named entity submits this ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change ☐ Addition JACOBS, DONALD E. HALL, CYNTHIA A. NAME NAME W226 S1700 HWY A STREET ADDRESS STREET ADDRESS 3029 5. SUNCOIST BIND HOMOSASSA, El. 3448 CITY-ST-ZIP WAUKESHA WI CITY-ST-ZIP PD Delete TITLE TITLE Change ☐ Addition HALL, HAROLD C. NAME NAME 3029 S. SUNCOAST BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMOSASSA FL CITY-ST-ZIP SD-Chance DILE Delete TITLE ☐ Addition HALL, FRIK L. 3029 S. SUNCOST BLVD. HUMUSASSA, Fl. 34418 CURRAN, JOHN C. NAME NAME STREET ADDRESS 777 N. PROSPECT AVE. STREET ADDRESS CITY-ST-ZIP MILWAUKEE WI 53202 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if