

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J45442

1. Entity Name

REGENCY ALL SEASONS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90292 008 ***150.00

Principal Place of Business

2739 U.S. HIGHWAY 19
SUITE 201
HOLIDAY FL 34691
US

Mailing Address

P.O. BOX 2108
HOLIDAY FL 34680-2108
US

2. Principal Place of Business

8801 River Crossing Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Port Richey

City & State

4. FEI Number

59-2747155

Applied For

Not Applicable

Zip

34655

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JOHN E.
2739 U.S. HIGHWAY 19
SUITE 201
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8801 River Crossing Blvd.

City
New Port Richey

FL

Zip Code
34655

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUDSON, JOHN E.	
STREET ADDRESS	2739 U.S. HIGHWAY 19, SUITE 201	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	S	<input type="checkbox"/> Delete
NAME	SILVA, SUSAN	
STREET ADDRESS	2739 U.S. HIGHWAY 19, SUITE 201	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	NORTON, DAVID C.	
STREET ADDRESS	6709 RIDGE ROAD	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8801 River Crossing Blvd.	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8801 River Crossing Blvd.	
CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

SUSAN SILVA

Date

4/28/00

Daytime Phone #

(727) 375-1155

CR2E034 (9/99)