

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
 07-28-2000 90146 049 ***150.00

DOCUMENT # J63581

1. Entity Name
REGIS PINES, INC.

Principal Place of Business
% TERRY W. PACETTI
P.O. BOX 618
ST. AUGUSTINE FL 32085

Mailing Address
% TERRY W. PACETTI
P.O. BOX 618
ST. AUGUSTINE FL 32085

2. Principal Place of Business

3335 LIGHTHOUSE POINT

Suite, Apt. #, etc.

3. Mailing Address

3335 LIGHTHOUSE POINT

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

Zip

Country

4. FEI Number

59-2834436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PACETTI, TERRY W.
3125 US ONE SOUTH ST A
ST AUGUSTINE FL 32086

Name

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

City

FL

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)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **DV** ☐ Delete
 NAME **PACETTI, TERRY W.**
 STREET ADDRESS **3125 US ONE SOUTH STE A**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **KOONTZ, RALPH**
 STREET ADDRESS **3335 LIGHTHOUSE POINT LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LOVEYJOY, JOHN**
 STREET ADDRESS **6408 SAN JOSE BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **PACE, A. RAY**
 STREET ADDRESS **8482 OLD KINGS RD N**
 CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **CIMINO, FAITH**
 STREET ADDRESS **3125 US ONE SOUTH STE A**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH M. KOONTZ DP

July 13, 2000 904 2233232

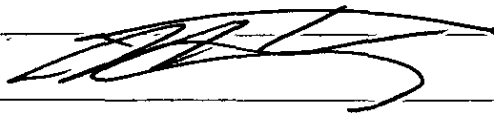
Date Daytime Phone #

J6581

ATTACHMENT July 13 2000
A0069952

We received no first notice.
I spoke with your office
& they said send \$150. & a letter.

REEK PINES INC
RALPH M KOONTZ, PRES.



\$150. CIL ENCLOSED