

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63581

1. Entity Name:

REGIS PINES, INC.

Principal Place of Business

Mailing Address

3335 LIGHTHOUSE POINT  
JACKSONVILLE BEACH FL 32250

3335 LIGHTHOUSE POINT  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: RALPH M. KOONTZ  
Street Address (P.O. Box Number is Not Acceptable): 3335 LIGHTHOUSE POINT LANE  
City: JACKSONVILLE BEACH FL Zip Code: 32250

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. (NOT Registered Agent's Signature required when reinstating))

*[Signature]*

6/15/01  
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, 2001 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	DV	<input type="checkbox"/> Delete
NAME	PACETTI, TERRY W.	
STREET ADDRESS	3125 US ONE SOUTH STE A	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KOONTZ, RALPH	
STREET ADDRESS	3335 LIGHTHOUSE POINT LANE	
CITY-STATE-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVEYJOY, JOHN	
STREET ADDRESS	8408 SAN JOSE BLVD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PACE, A. RAY	
STREET ADDRESS	8482 OLD KINGS RD N	
CITY-STATE-ZIP	JACKSONVILLE FL 32219	
TITLE	S	<input type="checkbox"/> Delete
NAME	CIMINO, FAITH	
STREET ADDRESS	3125 US ONE SOUTH STE A	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 is 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]* RALPH M. KOONTZ P 6/25/01 904 2233232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/

FILED  
Jun 21, 2001 8:00 am  
Secretary of State

05-31-2001 90002 038 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)