

2001 UNIFORM BUSINESS REPORT (UBR)

0004221 AF

DOCUMENT # L00000000626

1. Entity Name

REGAN & ROARK, L.L.C.

FILED

01 MAR 15 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1101 GULF BREEZE PARKWAY, SUITE 119
GULF BREEZE FL 32561

Mailing Address

1101 GULF BREEZE PARKWAY, SUITE 119
GULF BREEZE FL 32561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3694707

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROARK, DONALD A

1101 GULF BREEZE PARKWAY, SUITE 119
GULF BREEZE FL 32561

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME
DONALD A. ROARK, P.A. / MG-RM
STREET ADDRESS
1101 Gulf Breeze Parkway, Suite 119
CITY-ST-ZIP
Gulf Breeze, FL 32561

TITLE NAME
800003854798-2
STREET ADDRESS
-03/15/01--01099--004
CITY-ST-ZIP
*****25.00 *****25.00

TITLE NAME
Sharon O. Regan, P.A. / MG-RM
STREET ADDRESS
1101 Gulf Breeze Parkway, Suite 119
CITY-ST-ZIP
Gulf Breeze, FL 32561

TITLE NAME
800003854798-2
STREET ADDRESS
-03/15/01--01099--005
CITY-ST-ZIP
*****25.00 *****25.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/19/01

Date

850-932-1030

Daytime Phone #

CR2E083 (11/00)