

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013144

1. Entity Name

REGENCY SQUARE DEVELOPMENT SINGLE MEMBER, L.C.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90027 033 ****55.00

0038944

Principal Place of Business

2519 MCMULLEN BOOTH ROAD, SUITE 510-257
CLEARWATER FL 33761

Mailing Address

2519 MCMULLEN BOOTH ROAD, SUITE 510-257
CLEARWATER FL 33761

902218

2. Principal Place of Business

Suite 273
2451 McMullen Booth Rd.
Suite, Apt. #, etc.

Clearwater, FL
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number 59-3433226

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOEL, JERRY
2519 MCMULLEN BOOTH ROAD, SUITE 510-257
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JN&EG LIMITED CO.
2519 MCMULLEN BOOTH RD.
CLEARWATER FL 33761

☐ Delete

10. ADDITIONS/CHANGES

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Delete

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

☐ Change ☐ Addition

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 REQUIRED

1/4/02 (727)
712-9395

CR2E083 (9/01)