

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

001459

DOCUMENT # L02000006930

1. Entity Name

REGENCY CONSTRUCTORS, LLC



FILED

03 APR -2 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

2852 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065
US

2852 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 33-1000303

Applied For

Not Applicable

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

GILLESPIE, REES B III
1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON FL 33432

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MARTZ, BEN L
STREET ADDRESS 2852 UNIVERSITY DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 500014955435
STREET ADDRESS 04/01/03--01006--015 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: X

B. Martz

1/7/03

954-755-1775

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

Date Daytime Phone #

CR2E083 (10/02)