

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90060 036 ***150.00

DOCUMENT # L32587

1. Entity Name
FLORIDA REGENCY, INC.

| | |
|---|---|
| Principal Place of Business C/O JOHN H. CRONIN CPA 2560 GULF TO BAY BLVD. SUITE 200 CLEARWATER FL 34625 | Mailing Address C/O JOHN H. CRONIN CPA 2560 GULF TO BAY BLVD. SUITE 200 CLEARWATER FL 34625 |
|---|---|

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3012515**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CRONIN, JOHN H. CPA
2560 GULF TO BAY BLVD. SUITE 200
CLEARWATER FL 34625

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | DPT | <input type="checkbox"/> Delete |
| NAME | BOROWSKY, KURT T. | |
| STREET ADDRESS | 330 SOUTH STREET BX 1975 | |
| CITY-ST-ZIP | MORRISTOWN NJ | |

| | | |
|----------------|---------------------------------------|--|
| TITLE | Vice President & Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Donald R. Smith | |
| STREET ADDRESS | 330 South Street P.O. Box 1975 | |
| CITY-ST-ZIP | Morristown, NJ 07962-1975 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------------|--|
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Anthony J. Romano | |
| STREET ADDRESS | 330 South Street P.O. Box 1975 | |
| CITY-ST-ZIP | Morristown, NJ 07962 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---|--|
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John E. Hudson | |
| STREET ADDRESS | c/o 330 South Street P.O. Box 1975 | |
| CITY-ST-ZIP | Morristown, NJ 07962 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------------|--|
| TITLE | Assistant Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Susan A. Niles | |
| STREET ADDRESS | 330 South Street P.O. Box 1975 | |
| CITY-ST-ZIP | Morristown, NJ 07962 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 973-290-2329
Date Daytime Phone #

CR2E034 (9/01)