

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0687437 FP

04-28-2003 91830 019 ***150.00

DOCUMENT # L51218

1. Entity Name
REGENCY DEVELOPMENT OF MARCO ISLAND, INC.



Principal Place of Business
**500 SO. COLLIER BLVD.
MARCO ISLAND FL 33937
US**

Mailing Address
**C/O LEVITT PROPERTIES
402-412 TR. 23
FRANKLIN NJ 07416
US**



2. Principal Place of Business
C/O Levitt Properties

3. Mailing Address

Suite, Apt. #, etc.
402-412 RT 23

Suite, Apt. #, etc.

City & State
Franklin NJ

City & State

Zip **07416** Country **USA**

Zip Country

4. FEI Number **65-0173176**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRINTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LEVITT, MORTIMER**
STREET ADDRESS **10 E 82ND ST**
CITY-ST-ZIP **NEW YORK NY 10028**

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

TITLE **VD** ☐ Delete
NAME **LEVITT, ANNEMARIE**
STREET ADDRESS **10 E 82ND ST**
CITY-ST-ZIP **NEW YORK NY 10028**

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

TITLE **V** ☐ Delete
NAME **CHAISETZ, LAWRENCE**
STREET ADDRESS **350 5TH AVE. STE 6304**
CITY-ST-ZIP **NEW YORK NY 10118**

TITLE ☒ Change ☐ Addition
NAME **Chaisetz, Malcolm**
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **EBERLY, KATHY**
STREET ADDRESS **402-412 ROUTE 23**
CITY-ST-ZIP **FRANKLIN NJ 07416**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03
Date

973-823-1140
Daytime Phone #

CR2E034 (10/02)