

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001661

1. Entity Name

REGINA-MEADE, L.L.C.

FILED

00 MAR 13 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

125 18TH AVENUE SOUTH
NAPLES FL 34102

Mailing Address

% BOND, SCHOENECK & KING, P.A.
34 HAMMOND HILL LANE
CHATHAM MA 02633-2413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3568237

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

CRONIN, DENNIS P ESQ.
C/O BOND, SCHOENECK & KING, P.A.
4001 TAMiami TRAIL NORTH, SUITE 404
NAPLES FL 34103

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 ☐ Delete
MGRM
MCCARTHY, BRUCE
STREET ADDRESS 125 18TH AVENUE SOUTH
CITY- ST- ZIP NAPLES FL 34102

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP 600003183526--1
-03/24/00-01831-012
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Bruce McCarthy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Bruce McCarthy 3/6/00
Date

(508) 945-9181
Daytime Phone #

CR2E083 (9/99)