

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90005 012 ****50.00

DOCUMENT # L99000001661

1. Entity Name

REGINA-MEADE, L.L.C.



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**

2. Principal Place of Business

244 11TH AVENUE SO.

3. Mailing Address

40 MARY MCCARTHY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

34 HAMMOND HILL LANE

City & State

NAPLES, FL

City & State

CHATHAM, MA

Zip

34102

Country

Zip

02633

Country

4. FEI Number

59-3568237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. 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

TITLE **P** ☐ Delete
NAME **MCCARTHY, BRUCE**
STREET ADDRESS **34 HAMMOND HILL LANE**
CITY-ST-ZIP **CHATHAM MA 02633**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

3/14/03 (508) 945-9181
Date Daytime Phone #

CR2E063 (10/02)