

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90042 012 ***158.75

DOCUMENT # M91911

1. Entity Name

REGENCY ELECTRIC COMPANY JACKSONVILLE OFFICE, IN

Principal Place of Business

Mailing Address

6601 SOUTHPOINT DR N SUITE 300
JACKSONVILLE FL 32216

6601 SOUTHPOINT DR N SUITE 300
JACKSONVILLE FL 32216-0935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2899507

Applied

Not Applied

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

HANNA, NANCY, L
6601 SOUTHPOINT DR N SUITE 300
JACKSONVILLE FL 32216

Name

Street Address (P.O. Box Number is Not Acceptable)

4348 Southpoint Blvd #400

City

Jacksonville

FL

Zip Code

32211

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 may
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GREEN, ALAN J.
STREET ADDRESS 6601 SOUTHPOINT DR N 300
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE TS
NAME GREEN, NANCY L.
STREET ADDRESS 6601 SOUTHPOINT DR N 300
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE V
NAME GARY A. MOORE,
STREET ADDRESS 6601 SOUTHPOINT DR N 300
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS 4348 Southpoint Blvd Ste #400
CITY-ST-ZIP Jacksonville, FL 32216

☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 904-281-01