

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90006 038 ***558.75

DOCUMENT # M99285

1. Entity Name
REGENCY PINES MANAGEMENT CORPORATION

Principal Place of Business

1515 N HUNTINGTON LN
 STE 611
 ROCKLEDGE FL 32955
 US

Mailing Address

1515 N HUNTINGTON LN
 STE 611
 ROCKLEDGE FL 32955
 US

2. Principal Place of Business

3. Mailing Address

Regency Pines Mgmt Corp.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2244

City & State

City & State

KOKOMO, FN

Zip

Country

Zip

Country

46904-2244

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2906251

Applied For

Not Applicable

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

OWENS, MICK

STE 611

ROCKLEDGE FL 32955

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

Mick L. Owens, President

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. ☐

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00
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 ☐ Delete

NAME **D OWENS, MICKEY LEE**
 STREET ADDRESS **P. O. BOX 2244 N/A**
 CITY-ST-ZIP **KOKOMO IN**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME **D WORTHLEY, STEWART K**
 STREET ADDRESS **R.R. 1, BOX 200**
 CITY-ST-ZIP **PATRICK SPGS. VA**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME **S COLLINS, CHANDRA S**
 STREET ADDRESS **3394 E 300 SO**
 CITY-ST-ZIP **KOKOMO IN**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 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 to an address with all other like changes.

SIGNATURE:

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

Mick L. Owens, 9/5/01 765-453-9000
 President
 Daytime Phone #

CR2E034 (5/01)