

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90456 016 ***158.75

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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
REGENCY PINES MGMT CORP.
P.O. BOX 2244
KOKOMU IN 46904-2244
US



2. Principal Place of Business

3. Mailing Address

Regency Pines Mgmt. Corp.

Suite, Apt. #, etc.

P.O. Box 2244

City & State

Kokomo, IN

Zip

46904-2244

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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

NICKERSON, TERRY
1515 N. HUNTINGTON LANE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name *Heather Meredith*

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

1944 Quail Ridge Ct. #701

City

Cocoa

FL

Zip Code

32926

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]*
Signature, typed or printed name of registered agent and title if applicable.

Heather Meredith

4/22/03

(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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 *D Worthley, Stewart K.*
STREET ADDRESS *2060 Branch Court*
CITY-ST-ZIP *KOKOMO, IN 46902-2604*

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
STREET ADDRESS
CITY-ST-ZIP

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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 reports 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] **REQUIRE** *Nick L. Owens*

4/23/03 *765-453-9600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)