## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 06, 2000 8:00 am Secretary of State **DOCUMENT # N17459** 1. Entity Name REGENT PARK MASTER ASSOCIATION, INC. 04-06-2000 90058 021 \*\*\*\*61.25 Principal Place of Business Mailing Address 4600 ENTERPRISE AVE 4600 ENTERPRISE AVE. NAPLES FL 33942 NAPLES FL 34104-7014 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2756989 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WRIGHT, RUSSELL 4600 ENTERPRISE AVE STE A NAPLES FL 33962 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VP TH Change ☐ Addition ☐ Delete TITLE TITLE **BROOKINS. BILL** NAME NAME STREET ADDRESS STREET ADDRESS 10141 SAILFISH LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Addition Change TITLE SD Delete TITLE Simmons Sandy NAME NAME WEBER, MOLLY Regent Circle STREET ADDRESS STREET ADDRESS 10620 REGENT CIRCLE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 VPD ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BRENNAN, MARK STREET ADDRESS STREET ADDRESS 10180 REGENT CIR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Change ☐ Addition D ☐ Delete TITLE TITLE NAME SCHMIDT, MICO NAME STREET ADDRESS STREET ADDRESS 3305 ERICK LAKE DR CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34109 Addition (12) Delete ☐ Change TITLE TITLE Bill Mover NAME NAME BARTLEY, JEAN STREET ADDRESS STREET ADDRESS 10810 QUEEN ANNE LANE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Change ☐ Addition ☐ Delete TITLE TITLE NAME MCGOWAN, KEVIN NAME STREET ADDRESS STREET ADDRESS 10580 REGENT CR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109

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 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 617, 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:

SIGNANUSE ACQUIRED
SIGNATURE AND TYPED OFFICER OR DIRECTOR

3-24-00

434-6100

Daytime Pho