

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51362

1. Entity Name

THE JOHN M. REGAN, JR AND PRUDENCE S. REGAN FOUN

Principal Place of Business

Mailing Address

C/O CHAPIN & ARMSTRONG
1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483
US

C/O CHAPIN & ARMSTRONG
1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483-7284
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0374592

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

CHAPIN, ROBERT D.
1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME REGAN, PRUDENCE S.
STREET ADDRESS 6767 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

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

TITLE D ☐ Delete
NAME REGAN, JOHN M., JR.
STREET ADDRESS 6767 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

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

TITLE D ☐ Delete
NAME EDWARDS, DEBORAH REGAN
STREET ADDRESS 15 MERCER AVE
CITY-ST-ZIP HARTSDALE NY

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

TITLE D ☐ Delete
NAME HALLARMAN, PRUDENCE R.
STREET ADDRESS BRUSWICK LANE
CITY-ST-ZIP LINCOLNSHIRE IL 60069

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

JOHN M. REGAN, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

61-732-3647
1/8/02
Daytime Phone #

CR2E037 (9/99)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90099 029 ****61.25



DO NOT WRITE IN THIS SPACE