

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N51362**

1. Entity Name

THE JOHN M. REGAN, JR AND PRUDENCE S. REGAN FOUN**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90006 014 ****61.25

0055750

Principal Place of Business

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0374592

Applied For

Not Applicable

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

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 \$61.259. 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 ☐ Delete
NAME D
STREET ADDRESS REGAN, PRUDENCE S.
CITY-ST-ZIP 6767 N OCEAN BLVD
OCEAN RIDGE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS REGAN, JOHN M., JR.
CITY-ST-ZIP 6767 N OCEAN BLVD
OCEAN RIDGE FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS EDWARDS, DEBORAH REGAN
CITY-ST-ZIP 15 MERCER AVE
HARTSDALE NYTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS HALLARMAN, PRUDENCE R.
CITY-ST-ZIP BRUSWICK LANE
LINCOLNSHIRE IL 60069TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)