


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90741 033 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <i>N51362</i>	
1. Entity Name The John M. Regan, Jr. and Prudence S. Regan Foundation, Inc.	

JUL 12 2003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Chapin, Armstrong & Ballerano Suite, Apt. #, etc. 1201 George Bush Blvd City & State Delray Beach, FL Zip 33483	3. Mailing Address c/o Chapin, Armstrong & Ballerano Suite, Apt. #, etc. 1201 George Bush Blvd City & State Delray Beach, FL Zip 33483
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4. FEI Number 650374592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Robert D. Chapin	
Street Address (P.O. Box Number is Not Acceptable)	
1201 George Bush Blvd	
City Delray Beach	FL Zip Code 33483

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 _____ **Director** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Regan, Prudence S., Director 6767 N. Ocean Blvd Ocean Ridge, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Regan, John M., Jr., Director 6767 N. Ocean Blvd Ocean Ridge, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Edwards, Deborah Regan, Director 15 Mercer Ave Hartsdale, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hallarman, Prudence R., Director Bruswick Lane Lincolnshire, IL 60069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **Director** _____ **561-272-1225**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/02)