

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90061 017 \*\*\*\*61.25  
 09-13-2000 90049 010 \*\*\*\*61.25

**DOCUMENT # N98000003380**

1. Entity Name

**REGENCY PLACE HOMEOWNERS' ASSOCIATION, INC.**

*R*

Principal Place of Business

Mailing Address

111 W ROBINSON ST  
 ORLANDO FL 32801

111 W ROBINSON ST  
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3518982**

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

**THORNTON, HARKLEY G**  
**5695 BEGGS RD., STE. B-100**  
**ORLANDO FL 32810**

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**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

*854*

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JAMES MR.	
STREET ADDRESS	111 W ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SUTTON, DEREK	
STREET ADDRESS	1121 GLENN GARRY CIR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILLET, DAN	
STREET ADDRESS	111 W ROBINSON ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLSON, ANTHONY J	
STREET ADDRESS	111 WEST ROBINSON STREET	
CITY-ST-ZIP	ORLANDO, FL. 32801	
TITLE	SECRETARY / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLSON, SONJA S	
STREET ADDRESS	111 WEST ROBINSON STREET	
CITY-ST-ZIP	ORLANDO FL. 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 9, 2000 *4233456*  
 Date Daytime Phone #

CR2E037 (5/00)