

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90172 049 ****61.25

DOCUMENT # N98000004016

1. Entity Name

REGENCY CREEK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434, STE. 5000
 LONGWOOD FL 32779-5044

2180 WEST SR 434, STE. 5000
 LONGWOOD FL 32779

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

59-3541745

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

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD FL 32779-5044

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LANCASTER, ART 6620 SOUTHPOINT DR.,SOUTH,STE.400 JACKSONVILLE FL 32216	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MITCHEM, JEFF 6620 SOUTHPOINT DR.,SOUTH,STE.400 JACKSONVILLE FL 32216	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAULSEN, CANDY 6620 SOUTHPOINT DR.,SOUTH,STE.400 JACKSONVILLE FL 32216	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, TODD 6620 SOUTHPOINT DR STE 400 JACKSONVILLE FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEGAULT, PATRICK 6620 SOUTHPOINT DR STE 400 JACKSONVILLE FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAULSEN, CINDY	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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]*

SIGNATURE REQUIRED DATE

3/14/0

Date

Daytime Phone #