2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90117 049 ****61.25

0090672

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 32779-5044

N00002102

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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 WHITE, TODD 6620 SOUTHPOINT DR.,SOUTH,STE.400 JACKSONVILLE FL 32216	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARD, GEORGE 525 CHANCELLOR DR W JACKSONVILLE FL 32225	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LEGAULT, PATRICK 6620 SOUTHPOINT DR.,SOUTH,STE.400 JACKSONVILLE FL 32216	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GLISSON, THOMAS 549 CHANCELLOR DR W JACKSONVILLE FL 32225	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD PAULSEN, CINDY 6620 SOUTHPOINT DR.,SOUTH,STE.400 JACKSONVILLE FL 32216	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DANKOVICH, ROBERT 549 CHANCELLOR DR W JACKSONVILLE FL 32225	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENNETT, BRIAN 10088 GOVERN LN JACKSONVILLE FL 32225	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, WILLIAM JR 571 CHANCELLOR DR E JACKSONVILLE FL 32225	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: George L. Howard 2-26-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #