

2002 UNIFORM BUSINESS REPORT (UBR)

0090357 AV

DOCUMENT # P00000004141

1. Entity Name
REGENCY GARDENS, INC.

Principal Place of Business: **1977 DUNDEE DRIVE WINTER PARK FL 32792**
Mailing Address: **1977 DUNDEE DRIVE WINTER PARK FL 32792**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

FILED
02 APR -9 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3675994** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **A&S DEVELOPMENT, INC. 1977 DUNDEE DRIVE WINTER PARK FL 32792**

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete NAME: ACEVEDO, SHANE L STREET ADDRESS: 1977 DUNDEE DRIVE CITY-ST-ZIP: WINTER PARK FL 32792		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 300005452233-6 CITY-ST-ZIP: -05/06/02--01024--011	
TITLE: D <input type="checkbox"/> Delete NAME: SHEPHERD, THOMAS STREET ADDRESS: 1977 DUNDEE DRIVE CITY-ST-ZIP: WINTER PARK FL 32792		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 300005452233-6 CITY-ST-ZIP: -05/06/02--01024--012	
TITLE: _____ <input type="checkbox"/> Delete		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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TITLE: _____ <input type="checkbox"/> Delete		TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Shepherd, Pres.** Date: **4/08/02** Daytime Phone #: **(407) 657-1113**

CR2E034 (9/01)