

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0054510

05-16-2001 90211 047 \*\*\*150.00

**DOCUMENT # P00000090855**

1. Entity Name

**REGAL EVENTS, INC.**

Principal Place of Business

**195 WEKIVA SPRINGS ROAD STE 320  
LONGWOOD FL 32779**

Mailing Address

**195 WEKIVA SPRINGS ROAD STE 320  
LONGWOOD FL 32779****CU065653**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3674949**

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

**DUCHEMIN, ROBERT A SR  
20 NORTH ORANGE AVE STE 710  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Patricia Meidl**Street Address (P.O. Box Number is Not Acceptable)  
**195 Wekiva Springs Rd. Ste 320**City **Longwood** **FL** Zip Code **32779**

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

**4/25/01**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, 2001 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

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>MEIDL, PATRICIA</b>                 |                                 |
| STREET ADDRESS | <b>195 WEKIVA SPRINGS ROAD STE 320</b> |                                 |
| CITY-ST-ZIP    | <b>LONGWOOD FL 32779</b>               |                                 |
| TITLE          | <b>D</b>                               | <input type="checkbox"/> Delete |
| NAME           | <b>COLLINS, OBJARHNAWEN</b>            |                                 |
| STREET ADDRESS | <b>23225 BENNINGTON HAMLET COURT</b>   |                                 |
| CITY-ST-ZIP    | <b>EUCLID OH 44123</b>                 |                                 |
| 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          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Patricia Meidl****Patricia Meidl 4/25/01 407-862-7668**

CR2E034 (10/00)