FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 DEC 11 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126593

1. Entity Name

REGAL HOLLYWOOD 20, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE 05/06/03 90056 003 $150.00

2. Principal Place of Business	3. Mailing Address	4. FEI Number
4111 N. LOCKWOOD RIDGE RD Suite, Apt. # etc	4111 N. LOCKWOOD RIDGE RD. Suite, Apt. # etc	20-0325022 ☐ Applied For ☐ Not Applicable
City & State: SARASOTA, FL	City & State: SARASOTA, FL	
Zip: 34234 Country: USA	Zip: 34234 Country: USA	

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SMITH JOHN

Street Address (P.O. Box Number is Not Acceptable): 4111 N. LOCKWOOD RIDGE RD.

City: SARASOTA FL Zip Code: 34234

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature of new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/S/T/D	TITLE	
NAME	SMITH, JOHN	NAME	
STREET ADDRESS	4111 LOCKWOOD RIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 11-10-03 (941) 351-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number