

2000 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90027 023 *****8.75

02-05-2000 90001 011 ***141.25

DOCUMENT # P10490

1. Entity Name

REGENCY RETIREMENT GROUP, INCORPORATED

Principal Place of Business

6363 WOODWAY, SUITE 1000
HOUSTON TX 77057

Mailing Address

6363 WOODWAY, SUITE 1000
HOUSTON TX 77057-1759

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0185233

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

7. Name and Address of New Registered Agent

STEARNS, WEAVER, MILLER ETAL
1 BISCAYNE TOWER
28TH FLOOR
MIAMI FL 33131

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	DINERSTEIN, W E	
STREET ADDRESS	6363 WOODWAY #1000	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DINERSTEIN, T H	
STREET ADDRESS	6363 WOODWAY #1000	
CITY-ST-ZIP	HOUSTON TX	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALTAGIRONE, VINCENT T.	
STREET ADDRESS	6363 WOODWAY #1000	
CITY-ST-ZIP	HOUSTON TX	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DINERSTEIN, JACK	
STREET ADDRESS	6363 WOODWAY #1000	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HUSMANN, RANDALL	
STREET ADDRESS	6363 WOODWAY DR #1000	
CITY-ST-ZIP	HOUSTON TX	
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		

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 #

840297



DO NOT WRITE IN THIS SPACE