## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P93000023302 1. Entity Name REGINA GROVE, INC. 05-04-2001 90079 035 \*\*\*150.00 Principal Place of Business Mailing Address 6900 S. ORANGE BLOSSOM TRAIL 6900 S. ORANGE BLOSSOM TRAIL SUITE#432 SUITE#432 ORLANDO FL 32809 ORLANDO FL 32809 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3185510 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOUCHENOT, BERTRAND** Street Address (P.O. Box Number is Not Acceptable) 6900 \$ ORANGE BLOSSOM TRL **STE 432** ORLANDO FL 32809 City 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS STD ☐ Delete TITLE ☐ Change Addition TITLE DROIT, FRANCIS NAME NAME STREET ADDRESS 6900 S. ORANGE BLOSSOM TR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition Delete TITLE ☐ Channe TITLE CORCELLE, FRANCOISE NAME NAME STREET ADDRESS STREET ADDRESS 6900 S. ORANGE BLOSSOM TRAIL CITY-ST-7IP CITY-ST-ZIP ORLANDO FL Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP □ Delete TITLE ☐ Channe Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Statute; tand that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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