

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000071091**

1. Entity Name

REGENCY ISLAND DUNES, INC.**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90164 010 ***150.00

Principal Place of Business

**2601 S BAYSHORE DR
9TH FLOOR, LEGAL DEPT.
MIAMI FL 33133**

Mailing Address

**2601 S BAYSHORE DR
9TH FLOOR, LEGAL DEPT.
MIAMI FL 33133-5417**

2. Principal Place of Business

4800 N. Federal Highway

3. Mailing Address

200 S. Biscayne BoulevardSuite, Apt. #, etc.
Suite 105ESuite, Apt. #, etc.
Suite 4900

City & State

Boca Raton, FL

City & State

Miami, FL

4. FEI Number

65-0445386

Applied For

Not Applicable

Zip

33431

Country

Zip

33131

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****GOLDMAN, JOEL K
2601 S BAYSHORE DR
MIAMI FL 33133**Name **K. Lawrence Gragg**

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd., Suite 4900

City

Miami**FL**

Zip Code

33131

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

4/28/009. 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 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 **PD** ☒ DeleteNAME **RUTHERFORD, J LARRY**
STREET ADDRESS **2601 S BAYSHORE DR 9TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33133-5461**TITLE **VSD** ☒ DeleteNAME **GOLDMAN, JOEL K**
STREET ADDRESS **2601 S BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL**TITLE **VASC** ☒ DeleteNAME **COOK, PAULA**
STREET ADDRESS **2601 S BAYSHORE DR 9TH FLOOR**
CITY-ST-ZIP **MIAMI FL**TITLE **VT** ☒ DeleteNAME **FISCHER, JOHN H**
STREET ADDRESS **2601 S BAYSHORE DR 9TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33133-5461**TITLE **DV** ☒ DeleteNAME **JEFFERY, THOMAS W**
STREET ADDRESS **2601 S BAYSHORE DR**
CITY-ST-ZIP **MIAMI FL**TITLE **V** ☒ DeleteNAME **LAGUARDIA, JOHN**
STREET ADDRESS **2601 S. BAYSHORE DRIVE**
CITY-ST-ZIP **MIAMI FL 33133**TITLE **P/D** ☐ Change ☒ AdditionNAME **Ackerman, Richard S.**
STREET ADDRESS **4800 N. Federal Highway, Suite 105E**
CITY-ST-ZIP **Boca Raton, FL 33431**TITLE **V** ☐ Change ☒ AdditionNAME **Gitlin, Gene**
STREET ADDRESS **4800 N. Federal Highway, Suite 105E**
CITY-ST-ZIP **Boca Raton, FL 33431**TITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ Change ☐ AdditionNAME ☐ Change ☐ AdditionSTREET ADDRESS ☐ Change ☐ AdditionCITY-ST-ZIP ☐ Change ☐ Addition

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

Richard S. Ackerman 4/30/00 561-395-9666

Date

Daytime Phone #

CR2E034 (9/99)