

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90264 026 ***150.00

DOCUMENT # P93000071091

1. Entity Name

REGENCY ISLAND DUNES, INC.

Principal Place of Business	Mailing Address
4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431	200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
13790 NW 4TH STREET	13790 NW 4TH STREET

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 113	SUITE 113

City & State	City & State
SUNRISE, FL	SUNRISE, FL 33325

Zip	Country	Zip	Country
33325		33325	

4. FEI Number	Applied For
65-0445386	Not Applicable

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

DO NOT WRITE IN THIS SPACE

C0067925

6. Name and Address of Current Registered Agent

GRAGG, LAWRENCE K.
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	ACKERMAN, RICHARD S	
STREET ADDRESS	4800 N FEDERAL HWY STE 105E	
CITY - ST - ZIP	BOCA RATON, FL 33431	

TITLE	V	<input type="checkbox"/> Delete
NAME	GITLIN, GENE	
STREET ADDRESS	4800 N FEDERAL HWY STE 105E	
CITY - ST - ZIP	BOCA RATON, FL 33431	

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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AHERN, PATRICK M.	
STREET ADDRESS	C/O AHERN, 2 GREENWICH PLAZA	
CITY - ST - ZIP	GREENWICH, CT 06830	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBLIN JR., E.M.	
STREET ADDRESS	13790 NW 4TH STREET STE 113	
CITY - ST - ZIP	SUNRISE, FL 33325	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILCOX II, R. JOHN	
STREET ADDRESS	C/O AHERN, 2 GREENWICH PLAZA	
CITY - ST - ZIP	GREENWICH, CT 06830	

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILCOX, ROBERT J	
STREET ADDRESS	C/O AHERN, 2 GREENWICH PLAZA	
CITY - ST - ZIP	GREENWICH, CT 06830	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ANDREA	
STREET ADDRESS	13790 NW 4TH STREET STE 113	
CITY - ST - ZIP	SUNRISE, FL 33325	

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 #

EM. GIBLIN, JR. 4/26/01 954-838-7100