

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90114 048 \*\*\*150.00

**DOCUMENT # P95000017677**

1. Entity Name  
**REGENCY MGP CORP.**



Principal Place of Business  
**C/O NORMAN G ORODENKER  
10 WEYBOSSET ST 10TH FL  
PROVIDENCE RI 02903-2818  
US**

Mailing Address  
**C/O NORMAN G ORODENKER  
10 WEYBOSSET ST 10TH FL  
PROVIDENCE RI 02903-2818  
US**

**90003153**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3840323**

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

**AXELROD, ALAN D  
2500 FIRST UNION FINANCIAL CENTER  
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. I am familiar with, and accept the obligations of registered agent.

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**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **COHEN, DANIEL**  
STREET ADDRESS **1 KENNEY DRIVE**  
CITY-ST-ZIP **CRANSTON RI 02920**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **BROWN, DOUGLAS**  
STREET ADDRESS **1 KENNEY DR**  
CITY-ST-ZIP **CRANSTON RI 02920**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **ORODENKER, NORMAN G**  
STREET ADDRESS **10 WEYBOSSET ST 10TH FL**  
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SCHRETTER, BERNHARD**  
STREET ADDRESS **115 CONSTITUTION BLVD**  
CITY-ST-ZIP **FRANKLIN MA 02038**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PORETSKY, JOEL**  
STREET ADDRESS **405 LEXINGTON AVE**  
CITY-ST-ZIP **NEW YORK NY 10174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1/13/03

401-456-1200 x 333

NORMAN G. ORODENKER, Secretary

Date

Daytime Phone #

CR2E034 (10/02)