

# 2000 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # P95000049212

1. Entity Name

J. J. REGAN & Co., Inc.

FILED

00 JUL 24 AM 7:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. Box 3015  
TEQUESTA, FL  
33469

Mailing Address

P.O. Box 3015  
TEQUESTA, FL  
33469

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0591064

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301

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, 2000 Fee will be \$350.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

C, P, S, T & D  
JOHN J. REGAN, JR.  
P.O. BOX 1464  
CORNELIUS, NC 28031

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600003349986--8  
-08/08/00--01095--016  
\*\*\*\*150.00 \*\*\*\*150.00

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V, and S, and T & D  
LILLIAN M. REGAN  
P.O. BOX 1464  
CORNELIUS, NC 28031

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change  Addition

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Delete

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CITY-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 within the same power.

JOHN J. REGAN, JR.

SIGNATURE: John J. Regan, Jr. PRESIDENT

7-27-00 704-895-3050

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

202

JOHN J. REGAN, JR.

P. O. Box 1464  
Cornelius, NC 28031

704-895-3050

Ms. Leslie Sellers  
Florida Department of State  
Division of Corporations  
Reinstatement Department  
P. O. Box 6327  
Tallahassee, FL 32314

Subject: J. J. Regan & Co., Inc.

Dear Ms. Sellers;

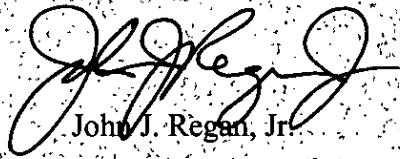
Thank you for sending me a new Uniform Business Report. I have completed it and enclosed our \$150.00 filing fee.

As we discussed during my recent telephone call, I do not know why we did not receive the preprinted report at our mailing address. When I checked with my Registered Agent (CSC in Tallahassee), they said that they had not received it either.

The Tequesta Post Office could not explain it either, so I hope you will waive the penalty fee.

Please let me know if you need anything further.

Yours truly,

  
John J. Regan, Jr.