

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020306

1. Entity Name

REGENCY PROFESSIONAL MANAGEMENT, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90127 016 \*\*\*150.00

Principal Place of Business

Mailing Address

505 WEKIVA SPRINGS RD  
SUITE 500  
LONGWOOD FL 32779

505 WEKIVA SPRINGS RD  
SUITE 500  
LONGWOOD FL 32779-6096

2. Principal Place of Business

407 Wekiva Springs Rd.

Suite, Apt. #, etc.

Suite 205

City & State

Longwood, Florida

Zip

32779

Country

Seminole

3. Mailing Address

407 Wekiva Springs Rd.

Suite, Apt. #, etc.

Suite 205

City & State

Longwood, Florida

Zip

32779

Country

Seminole



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3367462

Applied For

Not Applicable

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

LIEBMAN, JOHN B  
200 EAST ROBINSON STREET  
SUITE 865  
ORLANDO FL 32801

Name

Robin Liebman-Spencer

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

407 Wekiva Springs Rd

Suite 205

City

Longwood

FL

Zip Code  
32779

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

*Robin Liebman-Spencer, Vice President*

1/20/00

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	KEHLER, PAT A.	2220 SMOKETREE CT	LONGWOOD FL	<input type="checkbox"/>
VPST	LIEBMAN, ROBIN	2853 BOULDER FALLS CT	APOPKA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Pat A. Kehler, President*

1/20/00

Date

(407)  
786-5100

Daytime Phone #

CR2E034 (9/99)