

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037298

1. Entity Name
REGAL OF THE SOUTH, INC.

Principal Place of Business
6451 PARSON BROWN DRIVE
ORLANDO FL 32819

Mailing Address
6451 PARSON BROWN DRIVE
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3383111

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

TERICK, ALEX JR.
6451 PARSON BROWN DRIVE
ORLANDO FL 32819

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TERICK, ALEX JR.	
STREET ADDRESS	6451 PARSON BROWN DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TERICK, REGINA	
STREET ADDRESS	6461 PARSON BROWN DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Patrick Terick	
STREET ADDRESS	2010 Carter Ave	
CITY-ST-ZIP	Augusta, KS 67010	
TITLE	D	<input type="checkbox"/> Delete
NAME	Diana Rankin	
STREET ADDRESS	34 Circle Trace	
CITY-ST-ZIP	Franklin, NC 28734	
TITLE	D	<input type="checkbox"/> Delete
NAME	Regina Yaros	
STREET ADDRESS	13124 Smart Rd	
CITY-ST-ZIP	Lees Summit Ms 38086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/01

Date

407-351-6890

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90043 047 ***150.00

001400



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)