

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000037886**

1. Entity Name

**John H. Regan, Inc.**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90145 027 \*\*\*150.00

Principal Place of Business  
**5242 N.W. 117<sup>th</sup> Ave.**  
**Coral Springs, FL. 33076**

Mailing Address  
**5242 N.W. 117<sup>th</sup> Ave.**  
**Coral Springs, FL. 33076**

**00004040**

2. Principal Place of Business  
**5242 N.W. 117<sup>th</sup> Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**5242 N.W. 117<sup>th</sup> Ave.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Coral Springs, FL**

Zip  
**33076**

Country  
**USA**

4. FEI Number  
**650669624**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**Corporation Service Company**  
**1201 Hay's Street**  
**Tallahassee, FL 32301-0000**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Debra Regan</b> <b>5242 NW 117 Ave</b> <b>Coral Springs FL. 33076</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>John H. Regan</b> <b>5242 NW 117 Ave</b> <b>Coral Springs FL 33076</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Debra L. Regan</b> <b>5242 NW 117 Ave</b> <b>Coral Springs, FL 33076</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**5/9/2000 954-752-0205**

Date Daytime Phone #

CR2E034 (9/99)