

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040014

1. Entity Name

REGENCY II, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90005 004 ***150.00

Principal Place of Business

3200 WICKHAM ROAD
MELBOURNE FL 32935
US

Mailing Address

PO BOX 32503
INDIALANTIC FL 32903
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 33503

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3384540

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

BAKER, JAMES L
2725 N HIGHWAY A1A
SUITE #203
INDIALANTIC FL 32903

Name

Joann B. Jacobs

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

410 Thrush Dr

City

Satellite Beach, FL

Zip Code

32937

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

Joann B. Jacobs

Joann B. Jacobs

3/13/00

(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	P BAKER, JAMES L 2725 HIGHWAY A1A, SUITE 203 INDIALANTIC FL 32903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAIRD, CHARLES A 1111 RIVER ROAD MELBOURNE BEACH FL 32951	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JACOBS, JOANN 410 THRUSH DRIVE SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIRD, CHARLES A 1111 RIVER RD. MELBOURNE BEACH FL 32951	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James L. Baker 4 Beach Dr. Sherwood Forest, MD 21405	<input checked="" 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	D Cappiello, Silvio 9812 E. Bexhill Dr Kensington, MD 20895	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Longanecker, Gerald W 1516 Elwyn Ave Crofton, MD 21110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Joann B. Jacobs

Joann B. Jacobs

3-13-00

321-777-3557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)