

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90101 004 ***558.75

DOCUMENT # P97000004815

1. Entity Name
REGENCY PARK CORPORATION

Principal Place of Business
609 WEST VINE STREET
C-3
KISSIMMEE FL 34741

Mailing Address
609 WEST VINE STREET
C-3
KISSIMMEE FL 34741

2. Principal Place of Business
3831 W. VINE ST
Suite, Apt. #, etc.
UNIT 6

3. Mailing Address
3831 W. VINE ST
Suite, Apt. #, etc.
UNIT 6

City & State
Kissimmee
Zip
FL 34741

Country
OCEOLA

City & State
Kissimmee FLA
Zip
34741

Country
OCEOLA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3419671

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

BARNES, GERALD K
609 WEST VINE STREET
SUITE C-3
KISSIMMEE FL 34741

GERALD K BARNES
3831 UNIT 6
W. VINE ST
Kissimmee
FLORIDA 34741

Name
GERALD K BARNES
Street Address (P.O. Box Number is Not Acceptable)
UNIT 6 W. VINE ST
City
Kissimmee FL Zip Code
34741

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)

7/19/2000
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

ii. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP BARNES, ADAM K	2945 PADDINGTON WAY	KISSIMMEE FL 34741				<input checked="" type="checkbox"/>	
(GERALD K BARNES)						<input type="checkbox"/>	
GERALD K BARNES	3831 UNIT 6	W. VINE ST				<input type="checkbox"/>	
	Kissimmee	FLORIDA 34741				<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)