Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

200	uni	FORM BUSI	NESS REPO	RT (	(UBR)			ED				
DOCU		# P9700	0004815		(AR		Jul 10, 200 Secretary	JI 8:UU v of Sta	am te			
,		CORPORATION			(0)	<b>'</b> I,	07-10-2001 901					
Principal Plac 3831 W VINE UNIT 6 KISSIMMEE FI	STREET	s	Mailing Address 3831 W VINE STREET UNIT 6 KISSIMMEE FL 34741				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
2. Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e		City & State			<b>4.</b> F	59-3419671	<b></b>	Applied For Not Applicable			
Zip	Country		Zip Country		у	5. (	Certificate of Status Desired	□ \$8.75 Ac Fee Requir				
	6. Name	and Address of Current F	tegistered Agent		Name	7. N	lame and Address of New Re	gistered Agent				
•	GERÁLD K			· ·	Street Address (P.O. Box Number is Not Acceptable)							
	6 W VINE			-				<del></del>				
KISSIMME	E FL 34741	l		-	City			Zin Co				
0 The electric		- I a standard a stand	dia a sa		City FL Zip Code							
• The above	named entit	y submits this statement for	the purpose of changing its	registered	a onice or reg	istered ag	ent, or both, in the State of Flori	ca.				
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTE	E: Registered	Agent signature red	quired when re	sinstating)	DATE				
Tax filing	-	ible to satisfy its Intangible and elects to do so.	FILE NOW! After September 12 Make Check Payab	2, 2001 F	ee will be \$7		Election Campaign Final     Trust Fund Contribution.		<b>00</b> May Be ed to Fees			
11.		OFFICERS AND [	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARNES, ADAM K 2945 PADDINGTON WAY		☐ Delete	TITLE NAME STREET	T ADDRESS			☐ Change	☐ Addition			
TITLE	KISSIMMEE FL 34741		TITLE	31-211			☐ Change	☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET CITY-S	T ADDRESS ST-ZIP							
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indicated of the cor	on this repor poration or th	rt or supplemental report is ne receiver or trustee empor	true and accurate and that m	ny signatu as require	ire shall have t	the same I	I 19.07(3)(i), Florida Statutes. I fi egal effect as if made under oa da Statutes; and that my name :	ith, that I am an office	er or director			



## REGENCY PARK CORPORATION

MASTER BUILDER & GENERAL CONTRACTOR FOR OVER 30 YEARS

AHAChment #P97000004815

5th July, 2001.

Dear Sirs,

-Please find attached the Annual Return for Regency Fark Corporation, together with a copy of the original which was sent to you on 30<sup>th</sup> March 2001.

I am also enclosing a further check in the sum of \$150 as our original check appears to be uncashed.

Yours truly,

Adam Barnes

President

Florida Department of State, Divisin of Corporations, F.O. Box 6327, Tallahassee, Florida, 32314





2001	ĹΫΝΙ	FORM BUS	NESS REPO	ORT	(UBR)			_	_			
DOCUMENT # P9700004815  1. Entity Name REGENCY PARK CORPORATION							COPY					
TIEGE TO			*, <b>±</b>	· · .		<u> </u>	n. L	LAC	hm	LelM	<del></del>	
Principal Place of Business 3831 W VINE STREET UNIT 6 KISSIMMEE FL 34741			Mailing Address 3831 W VINE STREET UNIT 6 KISSIMMEE FL 34741				MA	1000				
2. Principal Place of Business			3. Mailing Address					,				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e 		City & State			<b>4.</b> F	El Number	59-341967		No	plied For t Applicable	
Zip	:	Country	Zip Coun		itry		5. Certificate of Status Desired					
	6. Name	and Address of Current	Registered Agent		Name	7. N	Name and Ad	aress of New, F	egistered Ag	ent		
BARNES, GERALD K 6831 UNIT 6 W VINE STREET KISSIMMEE FL 34741						ess (P.O. B	Box Number is	Not Acceptable	e)			
					City				FL	Zip Code	e	
8. The above	named entit	y submits this statement for	the purpose of changing i	ts register	ed office or req	gistered ag	ent, or both, in	n the State of FI	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
SIGNATURE.	Signature typed	for printed name of registered agent a		OTE: Registers	nd Agent signature re	equired when re	instating)	1	DATE			
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.			FILE NOV	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					
11.		OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CH	ANGES TO OF	ICERS AND (	DIRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2945 PAI	ADAM K DDINGTON WAY EE FL 34741	☐ Delete		-					Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.	i k	☐ Delete	CIT	AE EET ADDRESS (-ST-ZIP			The state of the s		Change	Addition	
	certify that th	e information supplied with	this filing does not qualify	for the exe	emption stated	in Section	119.07(3)(i), F	lorida Statutes if made under	I further certifoath; that I ar	y that the ii n 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 appears, with all other like empowered.

SIGNATURE:

Daytime Phone #