

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032196

1. Entity Name
TVO REGENCY, INC.



FILED

03 MAY -1 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
801 N. MAGNOLIA AVE., STE. 201
ORLANDO FL 32803

Mailing Address
801 N. MAGNOLIA AVE., STE. 201
ORLANDO FL 32803

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 59-3438765

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLY RD.
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

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

600018453736

City

05/07/03--01066--014 FL **120060

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME VANDENBURG, DAVID
STREET ADDRESS 70 E. LAKE ST., STE. 600
CITY-ST-ZIP CHICAGO IL 60601 ☐ Delete

TITLE S
NAME BOGAS, DAVID
STREET ADDRESS 6090 SURETY DR #102
CITY-ST-ZIP EL PASO TX 79905 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President & Director
NAME David L. Vandenburg
STREET ADDRESS 70 E Lake St, Suite 600
CITY-ST-ZIP Chicago, IL 60601 ☐ Change ☒ Addition

TITLE Vice President & Sec'y
NAME David Bogas
STREET ADDRESS 6090 Surety Dr, Suite 102
CITY-ST-ZIP El Paso, TX 79905 ☐ Change ☒ Addition

TITLE Charles Garrett & VP
NAME Charles Garrett
STREET ADDRESS 6090 Surety Dr, Suite 102
CITY-ST-ZIP El Paso, TX 79905 ☐ Change ☒ Addition

TITLE VP
NAME Stephen Beltran
STREET ADDRESS 6090 Surety Dr, Suite 102
CITY-ST-ZIP El Paso, TX 79905 ☐ Change ☒ Addition

TITLE Assistant Secretary
NAME Cheryl Charnas
STREET ADDRESS 70 E Lake St, Suite 600
CITY-ST-ZIP Chicago, IL 60601 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl Charnas Cheryl Charnas, Asst Sec'y 4/29/03 3125531133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

0102112 AV