

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000104068**

1. Entity Name

**REGAL INTERNATIONAL REAL ESTATE INC.****FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90124 001 \*\*\*300.00

Principal Place of Business

Mailing Address

134 WHITE BIRCH DRIVE  
FL 34743134 WHITE BIRCH DRIVE  
KISSIMMEE FL 34743-8618

2. Principal Place of Business

3. Mailing Address

**AS ABOVE****AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**APPLIED FOR**

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

Name

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

City

**FL**

Zip Code

**BELLO, CHERYL L****134 WHITE BIRCH DRIVE  
KISSIMMEE FL 34743**

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 renewing)

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	D/S	<input type="checkbox"/> Delete
NAME	HAWLEY, SUSAN	
STREET ADDRESS	134 WHITE BIRCH DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	ROONEY, DAVID B	
STREET ADDRESS	1633 EAST VINE ST., STE 120	
CITY-ST-ZIP	KISSIMMEE FL 34744	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	HAWLEY, RICHARD P	
STREET ADDRESS	134 WHITE BIRCH DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T/D	<input type="checkbox"/> Delete
NAME	BELLO, CHERYL L	
STREET ADDRESS	134 WHITE BIRCH DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: S. Hawley **S. HAWLEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/24/00 407 344 1995  
Date Daytime Phone #

CR2E034 (9/99)