

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90010 026 ***158.75

DOCUMENT # P98000046434

1. Entity Name
REGENCY AVIATION COMPANY, INC.

Principal Place of Business
**4348 SOUTHPOINTE BLVD.
SUITE 400
JACKSONVILLE FL 32216**

Mailing Address
**4348 SOUTHPOINTE BLVD.
SUITE 400
JACKSONVILLE FL 32216**

2. Principal Place of Business
455 HAWKEYE VIEW LANE
Suite, Apt. #, etc.

3. Mailing Address
455 HAWKEYE VIEW LANE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
St. Augustine FL
Zip
32095 Country
USA

City & State
St. Augustine FL
Zip
32095 Country
USA

4. FEI Number **59-3515157**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HANNA, NANCY L
6601 SOUTHPOINT DRIVE NORTH
SUITE 300
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
455 HAWKEYE VIEW LANE
City **St. Augustine** **FL** Zip Code **32095**

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)

DATE **1/4/2001**

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREEN, ALAN J 6601 SOUTHPOINT DR. N. STE 300 JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANNA, NANCY L 6601 SOUTHPOINT DR. N. #300 JACKSONVILLE FL 32216	<input 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 HAWKEYE VIEW LANE St. Augustine FL 32095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 HAWKEYE VIEW LANE St. Augustine FL 32095	<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		<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy L. Hanna

Date

1/4/01

Daytime Phone #

904-488-4035

CR2E034 (10/00)