

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000082091**

1. Entity Name

**REGENCY ELECTRIC COMPANY SOUTH FLORIDA OFFICE, I****FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90047 042 \*\*\*158.75

**838109**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6601 SOUTHPOINT DR. N., SUITE 300 JACKSONVILLE FL 32216		Mailing Address 6601 SOUTHPOINT DR. N., SUITE 300 JACKSONVILLE FL 32216-6130	
2. Principal Place of Business Suite, Apt. #, etc. 3800 PARK CENTRAL BLVD N City & State POMPADRO BEACH, FL Zip 33064 Country USA		3. Mailing Address Suite, Apt. #, etc. 4348 SOUTHPOINT BLVD #400 City & State JACKSONVILLE, FL Zip 32216 Country USA	
4. FEI Number 59-3534202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HANNA, NANCY L 6601 SOUTHPOINT DR. N., SUITE 300 JACKSONVILLE FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4348 SOUTHPOINT BLVD #400 City JACKSONVILLE FL Zip Code 32216	
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 _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GREEN, ALAN J 6601 SOUTHPOINT DR. N., SUITE 300 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 4348 SOUTHPOINT BLVD #400 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST HANNA, NANCY L 6601 SOUTHPOINT DR. N., SUITE 300 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 4348 SOUTHPOINT BLVD #400 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		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			
Date _____ Daytime Phone # _____			

CR2E034 (9/99)