2001 UNIFORM BUSINESS REPORT (UBR)

Jun 15, 2001 8:00 am Secretary of State DOCUMENT # P98000084579 1. Entity Name 06-15-2001 90170 034 ***550.00 REGENT PLACE, INC. Principal Place of Business Mailing Address C/O CHASTANG, FERRELL, SIMS, & EISERIM C/O CHASTANG, FERRELL, SIMS, & EISERIM 4001 TAMIAMI TRAIL N STE 285 4001 TAMIAMI TRAIL N STE 285 NAPLES FL 34103 NAPLES FL 34103 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3535261 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHASTANG, LAWRENCE J Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL N **STE 285** NAPLES FL 34103 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CHASTANG, LAWRENCE J NAME NAME 4001 TAMIAMI TRAIL N STE 285 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this region as including by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this rechanged, or on an attachment with an address, with all other like empower