

2001 UNIFORM BUSINESS REPORT (UBR)

0011358

DOCUMENT # P99000074625

1. Entity Name

REGENCY REALTY GROUP-NE, INC.

FILED

01 APR 23 AM 11: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

121 W. FORSYTH STREET
SUITE 200
JACKSONVILLE FL 32202

Mailing Address

121 W. FORSYTH STREET
SUITE 200
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

200 Laura Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

4. FEI Number 59-3604330

Applied For

Not Applicable

Zip

Country

Zip

32202

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

F&L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME STEIN, MARTIN E JR.
STREET ADDRESS 121 W. FORSYTH STREET SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE D ☐ Delete
NAME ROGERS, MARY LOU
STREET ADDRESS 121 W. FORSYTH STREET SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☒ Change ☐ Addition
NAME Fiala, Mary Lou
STREET ADDRESS 121 West Forsyth Street, Suite 200
CITY-ST-ZIP Jacksonville, FL 32202

TITLE D ☒ Delete
NAME ALLIN, THOMAS B
STREET ADDRESS 125 LINCOLN AVENUE
CITY-ST-ZIP SANTA FE NM 87501

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300004084263--2
-04/27/01--01035--003
1967.50 *150.00

TITLE AVP ☐ Delete
NAME DEAN, KATH D
STREET ADDRESS 121 WEST FORSYTH ST, STE 200
CITY-ST-ZIP JACKSONVILLE FL 32202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kathy Dean

Kathy Dean, AVP

April 10, 2001

904-598-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)