## **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** May 06, 2002 8:00 am Secretary of State P99000074625 DOCUMENT # 1. Entity Name 05-06-2002 90173 032 \*\*\*150.00 REGENCY REALTY GROUP-NE, INC. Principal Place of Business Mailing Address 121 W. FORSYTH STREET 200 LAURA STREET SUITE 200 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3604330 Not Applicable Zip Country 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 Name F&L CORP. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET JACKSONVILLE FL 32202 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change STEIN. MARTIN E JR. NAME NAME 121 W. FORSYTH STREET SUITE 200 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME FIALA, MARY LOU NAME STREET ADDRESS 121 W. FORSYTH STREET SUITE 200 STREET ADDRESS CITY-ST-7/P JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition miller, kathy D. 121 W. torsyth St., Ste 200 NAME DEAN, KATHY -NAME 121 W. FORSYTH STREET, STE. 200 STREET ADDRESS STREET ADDRESS CITY,-ST-ZIP Jacksonville FL 32202 CITY-ST-ZIP tacksonville. FL 32202 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME

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:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

... KATHY D. MILLER VICE PRESIDENT

STREET ADDRESS

CITY-ST-ZIP