

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092380

1. Entity Name

REGIS2000.COM, INC.
113 LAKE POINTE CIRCLE
KISSIMMEE, FL 34743

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90036 023 ***155.00

Principal Place of Business

Mailing Address

201 PARK PLACE, SUITE 330
ALTAMONTE SPRINGS FL 32701

201 PARK PLACE, SUITE 330
ALTAMONTE SPRINGS FL 32701-3505

2. Principal Place of Business

113 LAKE POINTE CIRCLE

3. Mailing Address

113 LAKE POINTE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL 34743

4. FEI Number

59-3626701

Applied For

Not Applicable

Zip

34743

Country

USA

Zip

34743

Country

USA

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

FAUSTMANN, J. RAMON L
119 EASTERN FORK RD.
LONGWOOD FL 32750

Name

REGIS P. SAUGER

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

113 LAKE POINTE CIRCLE

City

KISSIMMEE

FL

Zip Code

34743

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 REGIS P. SAUGER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05-01-00

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, 2000 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 FAUSTMANN, J. RAMON L
STREET ADDRESS 119 EASTERN FORK
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE PRESIDENT ☐ Change ☒ Addition
NAME REGIS P. SAUGER
STREET ADDRESS 113 LAKE POINTE CIRCLE
CITY-ST-ZIP KISSIMMEE, FL 34743

TITLE D ☐ Delete
NAME VILLANEUVA, ELISEO
STREET ADDRESS 19960 WOODUCK DR.
CITY-ST-ZIP DUNNELLON FL 34432

TITLE VICE PRESIDENT ☐ Change ☐ Addition
NAME ELISEO VILLANUEVA
STREET ADDRESS 19960 WOODUCK DR.
CITY-ST-ZIP DUNNELLON, FL 34432

TITLE D ☐ Delete
NAME OLIVERIO, LUZVIMINDA
STREET ADDRESS 19960 WOODUCK DR.
CITY-ST-ZIP DUNNELLON FL 34432

TITLE SECRETARY ☐ Change ☒ Addition
NAME CESAR OCAMPO
STREET ADDRESS 3901 WOODGLADE COVE
CITY-ST-ZIP WINTER PARK, FL 32792

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-00 407-301-8719

Date

Daytime Phone #

CR2E034 (9/99)