

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29985

1. Entity Name

REGENCY INN OF PANAMA CITY, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90176 025 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

301 W. 23RD ST.
PANAMA CITY FL 32405
US

301 W. 23RD ST.
PANAMA CITY FL 32405-4538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3058182

Applied For

Not Applicable

Zip

Country

Zip

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

PATEL, CHAGANLAL G.
5003 W. HIGHWAY 98
PANAMA CITY FL 32401

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, 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	PD	<input type="checkbox"/> Delete
NAME	PATEL, SHANTILAL L	
STREET ADDRESS	8901 W. HWY 98	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PATEL, CHAGANLAL C	
STREET ADDRESS	5003 W. HWY 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SHAH, PRAVINCHANDRA T.	
STREET ADDRESS	4917 W. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BANKER, SAROJ I.	
STREET ADDRESS	6319 E. HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SAROJ I. BANKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-00

Date

Daytime Phone #

850-785-0001

CR2E034 (9/99)