

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90105 044 ***150.00

DOCUMENT # S46965

1. Corporation Name

REGENCY REDINGTON AMBASSADOR, INC.

Principal Place of Business

6709 RIDGE ROAD
SUITE 200
PORT RICHEY FL 34668

Mailing Address

6709 RIDGE ROAD
SUITE 200
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1991

4. FEI Number

59-3091073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2739 US Hwy 19
Suite, Apt. #, etc.

22 Suite 201

23 City & State

HOLIDAY FL

24 Zip

34691

Country

USA

2a. Mailing Address

26 P.O. Box 2108
Suite, Apt. #, etc.

27

City & State

ELPERS FL

Zip

34680-2108

Country

USA

9. Name and Address of Current Registered Agent

NORTON, DAVID C
6709 RIDGE RD
SUITE 200
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

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

2739 U.S. Hwy 19

83 SUITE 201

84 City

HOLIDAY FL 34691

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME SLEEMAN, GEORGE
STREET ADDRESS 6709 RIDGE ROAD
CITY-ST-ZIP PORT RICHEY FL

TITLE PD ☐ DELETE

NAME HUDSON, JOHN E.
STREET ADDRESS 6709 RIDGE RD.
CITY-ST-ZIP PORT RICHEY FL

TITLE V ☐ DELETE

NAME BILL, DENNIS
STREET ADDRESS 6709 RIDGE ROAD
CITY-ST-ZIP PORT RICHEY FL

TITLE VT ☒ DELETE

NAME NORTON, DAVID C
STREET ADDRESS 6709 RIDGE RD SUITE 200
CITY-ST-ZIP PORT RICHEY FL

TITLE S ☐ DELETE

NAME SILVA, SUSAN
STREET ADDRESS 6709 RIDGE RD 200
CITY-ST-ZIP PORT RICHEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0502109