

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46965

1. Entity Name

REGENCY REDINGTON AMBASSADOR, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90290 038 \*\*\*150.00

Principal Place of Business

2739 WEST HIGHWAY 19  
SUITE 201  
HOLIDAY FL 34691  
US

Mailing Address

P.O. BOX 2108  
ELFERS FL 34680-2108  
US

2. Principal Place of Business

8801 RIVER CROSSING BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3091073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NORTON, DAVID C  
2739 U.S. HIGHWAY 19  
SUITE 201  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

JOHNE HUDSON

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

8801 RIVER CROSSING BLVD

City

NEW PORT RICHEY

FL

Zip Code

34655

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

TITLE PD  
NAME HUDSON, JOHN E.  
STREET ADDRESS 2739 U.S. HIGHWAY 19, SUITE 201  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

TITLE V  
NAME BILL, DENNIS  
STREET ADDRESS 2739 U.S. HIGHWAY 19, SUITE 201  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

TITLE ST  
NAME SILVA, SUSAN  
STREET ADDRESS 2739 U.S. HIGHWAY 19, SUITE 201  
CITY-ST-ZIP HOLIDAY FL 34691 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 8801 RIVER CROSSING BLVD  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 19508 GULF BLVD  
CITY-ST-ZIP INDIAN SHORES, FL ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 8801 RIVER CROSSING BLVD  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☒ Change ☐ Addition

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

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

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

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

Date

Daytime Phone #

CR2E034 (9/99)