

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S72115

1. Entity Name

REGENCY ELECTRIC COMPANY ORLANDO OFFICE, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90047 040 ***158.75

Principal Place of Business

Mailing Address

6601 SOUTH POINT DRIVE N.
SUITE #300
JACKSONVILLE FL 32216

6601 SOUTH POINT DRIVE N.
SUITE #300
JACKSONVILLE FL 32216-0935

2. Principal Place of Business

4348 SOUTHPOINTE BLVD.

3. Mailing Address

4348 SOUTHPOINTE BLVD.

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

JACKSONVILLE, FL. 32216

City & State

JACKSONVILLE, FL. 32216

4. FEI Number

59-3074515

Applied For

Not Applicable

Zip

Country

Zip

Country

32216

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

HANNA, NANCY L.
6601 SOUTHPOINTE DRIVE N.
SUITE #300
JACKSONVILLE FL 32216

Name
HANNA, NANCY L.

Street Address (P.O. Box Number is Not Acceptable)
4348 SOUTHPOINTE BLVD., STE 400

City
JACKSONVILLE

FL

Zip Code
32216

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 NANCY L. HANNA, ST

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
NAME GREEN, ALAN J.
STREET ADDRESS 6601 SOUTHPOINTE DR. N.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE PD ☒ Change ☐ Addition
NAME GREEN, ALAN J.
STREET ADDRESS 4348 SOUTHPOINTE BLVD., STE 400
CITY-ST-ZIP JACKSONVILLE, FL. 32216

TITLE ST
NAME HANNA, NANCY, L
STREET ADDRESS 6601 SOUTHPOINTE DR N
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ST ☒ Change ☐ Addition
NAME HANNA, NANCY L.
STREET ADDRESS 4348 SOUTHPOINTE BLVD., STE 400
CITY-ST-ZIP JACKSONVILLE, FL. 32216

TITLE V ☒ Delete
NAME WELLS, RICHARD A
STREET ADDRESS 380 SO NORTH LAKE BLVD, STE 1004
CITY-ST-ZIP ALTAMONTE SPRINGS FL

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

904-281-0600

Date

Daytime Phone #

CR2E034 (3/99)