

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20680

1. Entity Name

REGENCY MONTEREY, INC.

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

05-15-2000 90290 039 \*\*\*150.00

Principal Place of Business

2739 U.S. 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.

City & State

NEW PORT RICHEY

City & State

Zip

34665

Country

USA

Country

4. FEI Number

59-3110209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HUDSON, JOHN E.  
2739 U.S. HIGHWAY 19  
SUITE 201  
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

Name

8801 RIVER CROSSING BLVD

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

TITLE S  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Susan Silva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

(727) 375-1155

Daytime Phone #

CR2E034 (9/99)