

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30279

1. Entity Name

REGENCY APARTMENTS, INC.

FILED  
Apr 26, 2000 8:00 am  
Secretary of State

04-26-2000 90064 033 \*\*\*150.00

719988



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4041 N.E. 34TH AVE.  
FT LAUDERDALE FL 33308

P.O. BOX 399  
MOORE NY 12958-0399

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

MADER, ALLAN G  
4041 N.E. 34TH AVENUE  
FT. LAUDERDALE FL 33308

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DPST	MADER, ALLAN	4041 N.E. 34 AVE.	FT LAUDERDALE FL	<input type="checkbox"/>
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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
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CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 17 2000 514-862-9277