

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86928

Entity Name: REGENCY REALTY GROUP, INC.**Current Principal Place of Business:**ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202-5019**Current Mailing Address:**ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202-5019 US**FEI Number:** 59-3016736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S VP
Name MILLER, KATHY D
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title D
Name STEIN, MARTIN EJR
Address ONE INDEPENDENT DRIVE, SUITE
114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title S VP
Name LEAVITT, J C
Address ONE INDEPENDENT DRIVE, SUITE
114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name FLEMING, TOM K
Address ONE INDEPENDENT DRIVE, SUITE
114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title MANAGING DIRECTOR
Name THOMPSON, JAMES D
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title SVP
Name ARGALAS, BARRY E
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name BRETTINGEN, ANNE
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name DEVEREAUX, TERAH L
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY D MILLER

SVP

04/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP
Name HOFHEIMER, NORMAN A
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title SVP
Name JOHNSTON, BARBARA C
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Title SVP
Name MAS, MICHAEL J
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Title VP
Name NEEL, SHANA R
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Title VP
Name PAUL, THOMAS C
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Title VP
Name BOOTH, MATTHEW J
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Title MANAGING DIRECTOR
Name CHANDLER, DAN M
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SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title VP
Name CONWAY, PATRICK N
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Title VP
Name DAMRATH, WILLIAM J
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Title VP
Name HAYES, JOHN P

Title VP
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Title SVP
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Title VP
Name MAXWELL, PAUL C
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Title PRESIDENT/CFO
Name PALMER, LISA
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Title VP
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Title VP
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Title VP
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Title MANAGING DIRECTOR
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Title VP
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Title VP
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Title VP
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Title ASST. SECRETARY
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