

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90373 009 \*\*\*150.00

**DOCUMENT # F94000006588**

1. Entity Name

**PHOENIX REALTY INVESTORS, INC.**



Principal Place of Business

**ONE AMERICAN ROW**

~~1ST FLOOR~~

**HARTFORD CT 06102-5056**

**US**

Mailing Address

**ONE AMERICAN ROW**

**HARTFORD CT 06102-5056**

**US**

2. Principal Place of Business

3. Mailing Address

**One American Row**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**c/o John H. Beers**

City & State

City & State

**Hartford CT**

Zip

Country

Zip

Country

**06102-5056**

**USA**

4. FEI Number

**06-1412294-2474**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROSS, COLEMAN D	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCLOUGHLIN, PHILIP R	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06115	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WILKOS, CHRISTOPHER M	
STREET ADDRESS	38 PROSPECT STREET	
CITY-ST-ZIP	HARTFORD CT 06115-0479	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	BUCK, BRADFORD H	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06102-5056	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BEERS, JOHN H	
STREET ADDRESS	ONE AMERICAN ROW	
CITY-ST-ZIP	HARTFORD CT 06102-5056	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CUMMINGS, RAYMOND E	
STREET ADDRESS	56 PROSPECT STREET	
CITY-ST-ZIP	HARTFORD CT 06115-0479	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael E. Hayton	
STREET ADDRESS	56 Prospect Street	
CITY-ST-ZIP	Hartford, CT 06115	
TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Second VP Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katherine P. Cody	
STREET ADDRESS	56 Prospect Street	
CITY-ST-ZIP	Hartford, CT 06115	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**John H. Beers**

**01-16-03**

**(860) 403-5050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)