

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001260

1. Entity Name

RESOURCE INVESTMENTS ADVISORS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90097 023 ***150.00

Principal Place of Business

Mailing Address

5 N. PLEASANT STREET
NEW LONDON NH 03257

5 N. PLEASANT STREET
NEW LONDON NH 03257

2. Principal Place of Business

3. Mailing Address

11440 CARMEL COMMONS BLVD.

Suite, Apt. #, etc.

SUITE 103

CITY & STATE
CHARLOTTE, NC

Zip
28226

Country
MECKLENBURG

Suite, Apt. #, etc.

SUITE 103

CITY & STATE
CHARLOTTE, NC

Zip
28226

Country
MECKLENBURG



DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0480174

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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)

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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.

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\$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	DPST BROOM, C. EDWARD 5 N PLEASANT ST NEW LONDON NH 03257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROOM, THOMAS P 5 N PLEASANT ST NEW LONDON NH 03257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUBLEE, VICTORIA A 5 N PLEASANT ST NEW LONDON NH 03257	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSENBLUM, PETER M ONE POST OFFICE SQUARE BOSTON MA 02109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BUSH, CHARLES E. III 11440 CARMEL COMMONS BLVD. SUITE 103 CHARLOTTE, NC 28226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS COONEY, TIMOTHY M. 11440 CARMEL COMMONS BLVD., SUITE 103 CHARLOTTE, NC 28226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Timothy M. Cooney Timothy M. Cooney 2/22/2000 (704) 540-2411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)