

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001282

1. Entity Name

REGENCY INVESTMENT ASSOCIATES, INC.

Principal Place of Business

2700 WYCLIFF RD  
RALEIGH NC 27607

Mailing Address

2700 WYCLIFF RD  
RALEIGH NC 27607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PROUTY, STEVEN W  
HARLEE, PORGES, HAMLIN, ET AL.  
1205 MANATEE AVE W.  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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, 2001 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 PD  
NAME BLACKWELL, GORDON L  
STREET ADDRESS 2700 WYCLIFF RD, SUITE 312  
CITY-ST-ZIP RALEIGH NC 27607 ☐ Delete

TITLE V  
NAME HICKS, CLAUDE F  
STREET ADDRESS 2700 WYCLIFF RD, SUITE 312  
CITY-ST-ZIP RALEIGH NC 27607 ☐ Delete

TITLE S  
NAME PILLOW, JOAN E  
STREET ADDRESS 2700 WYCLIFF RD, SUITE 312  
CITY-ST-ZIP RALEIGH NC 27607 ☒ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE S  
NAME JOAN MANNA  
STREET ADDRESS 2700 WYCLIFF RD, SUITE 312  
CITY-ST-ZIP RALEIGH, NC 27607 ☐ Change ☒ Addition

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

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

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

*Joan Z. Blawie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

919-510-9660

Daytime Phone #

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90113 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)