

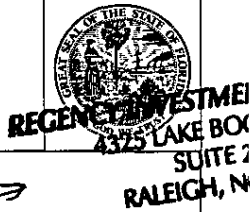
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91045 035 ***150.00

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.
REGENCY INVESTMENT ASSOCIATES
4325 LAKE BOONE TRAIL

Suite, Apt. #, etc.

City & State
SUITE 212
RALEIGH, NC 27607

City & State

4. FEI Number **56-1913780**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (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. **REGENCY INVESTMENT ASSOCIATES** DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **4325 LAKE BOONE TRAIL**
STREET ADDRESS **SUITE 212**
CITY-ST-ZIP **RALEIGH, NC 27607** **Address**

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

TITLE ☐ Change ☐ Addition
NAME **4325 LAKE BOONE TRAIL**
STREET ADDRESS **SUITE 212**
CITY-ST-ZIP **RALEIGH, NC 27607** **Address**

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

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Uyterhoeven, Sharon**
STREET ADDRESS **4325 Lake Boone Trail, Suite 212**
CITY-ST-ZIP **Raleigh NC 27607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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

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: **Sharon Uyterhoeven**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

Date Daytime Phone #

CR2E034 (10/02)