## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # F9900004606 Feb 08, 2000 8:00 am **Secretary of State** THE PROVIDENCE GROUP INVESTMENT ADVISORY COMPANY 02-08-2000 90072 012 \*\*\*158.75 Principal Place of Business Mailing Address 200 TURKS HEAD PLACE 200 TURKS HEAD PLACE PROVIDENCE RI 02903 PROVIDENCE RI 02903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 05-0506526 Not Applicable Zip Country -Zip Country \_\_\_\_~ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIELD, H. JAMES JR. Street Address (P.O. Box Number is Not Acceptable) 5065 NORTH A1A VERO BEACH FL 32963 Zip Code FL 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. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 1 13 13 14 1 ☐ Addition Change TITLE ☐ Delete TITLE LAURANS, SCOTT B NAME NAME STREET ADDRESS STREET ADDRESS 35 BARBERRY HILL CITY-ST-ZIP CITY-ST-ZIP PROVIDENCE RI 02906 □ Change Addition TITLE ☐ Delete NAME JOHNSON, DIANA L STREET ADDRESS STREET ADDRESS 102 WILLIAMS STREET CITY-ST-ZIP \_ CITY-ST-ZIP PROVIDENCE RI-02906 ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME LYONS, MARY K STREET ADDRESS STREET ADDRESS 46 EASTWICK ROAD CITY-ST-ZIP CITY-ST-ZIP **NORTH KINGSTON RI 02852** Delete TITLE ☐ Change ☐ Addition TITLE C. FIELD, H. JAMES JR NAME NAME STREET ADDRESS STREET ADDRESS 129 BENEFIT STREET, UNIT #3 CITY-ST-ZIP CITY-ST-ZIP **PROVIDENCE RI 02903** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

500H B. Laurans

ED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED

SIGNATURE:

401)331 - 6230