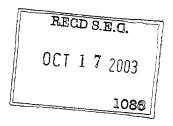
required to respond unless the form displays a currently valid OMB control number.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the feder Conversely, failure to file the appropriate federal notice will not result in a loss of a exemption unless such exemption is predicated on the filing of a federal notice.



03035836



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D
NOTICE OF SALE OF SECURITIES

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per form. ...1

Serial

OMB APPROVAL

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (□ c	heck if this is an amendment and name has cha	anged, and	indicate change.)	70.0	5.2.0
ERESOURCE CAPI	TAL GROUP, INC.			/20	1839
	ox(es) that apply): [ ] Rule 504 [ ] Rule New Filing [ ] Amendment	505 [ 7	X ] Rule 506 [ ] Section 4		
	A.	BASIC II	DENTIFICATION DATA		
1. Enter the information	n requested about the issuer				
Name of Issuer (□ ch	eck if this is an amendment and name has chan	iged, and in	ndicate change)		" ' <u>'</u>
ERESOURCE CAPI	TAL GROUP, INC.				
Address of Executive	Offices (Number and Street, City, State, Z	ip Code)		Telephone Number (Inclu	iding Area Code)
6836 MORRISON BI	VD., SUITE 200, CHARLOTTE, NC 2821	1		(704) 366-5054	
Address of Principal I Executive Offices)	Business Operations (Number and Street, Ci	ty, State,	Zip Code) (if different from	Telephone Number (Inclu	iding Area Code)
Brief Description of I	Business VIATION TRAVEL/ENTERTAINMEN'	T SERVI	CES; HOME AND BUSINE	ESS TECHNOLOGY; CA	LL CENTER OPERATION
Type of Business Org	ganization  limited partnership, already formed limited partnership, to be formed		□ other (please specify)		PROCESSE
		Month	Year [X]	Actual [ ] Estimated	1 nc.T 24 2003
Actual or Estimated I	Date of Incorporation or Organization	12 / 82	?		1 001 200
Jurisdiction of Incorp	oration or Organization: (Enter two-letter L			te: DE	INDMISON FINANCIAL

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

CN for Canada; FN for other foreign jurisdiction)

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies) of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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{204369.0001/N0441569\_1}



Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ X ] Executive Officer [ X ] Director [ ] Managing Member	
FULL NAME (LAST NAME FIRST, IF INDIVIDUAL) WILLMOTT, JEFFREY	
Business or Residence Address (Number and Street, City, State, Zip Code) 6836 MORRISON BLVD., SUITE 200, CHARLOTTE, NC 28211	
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ X ] Executive Officer [ X ] Director [ ] Manager of Managing Member	
Full Name (Last name first, if individual) PRUITT, MICHAEL D.	
Business or Residence Address (Number and Street, City, State, Zip Code) 6836 MORRISON BLVD., SUITE 200, CHARLOTTE, NC 28211	
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ X ] Director [ ] Manager of Managing Member	
Full Name (Last name first, if individual)  VERBRUGGE, JAMES A.	
Business or Residence Address (Number and Street, City, State, Zip Code) 6836 MORRISON BLVD., SUITE 200, CHARLOTTE, NC 28211	
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ X ] Director [ ] Manager of Managing Member	
Full Name (Last name first, if individual) BYER, P. ROGER	
Business or Residence Address (Number and Street, City, State, Zip Code) 6836 MORRISON BLVD., SUITE 200, CHARLOTTE, NC 28211	
Check Box(es) that Apply: [ ] Promoter [ X ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: [ ] Promoter [ ] Beneficial Owner [ ] Executive Officer [ ] Director [ ] General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

A. BASIC IDENTIFICATION DATA

					B. INFO	RMATI	ON AB	OUT OF	FERING				
1.	Has the issue Answer also What is the r	in Append ninimum ir	ix, Column nvestment tl	2, if filing hat will be	under ULO accepted fro	E. om any indi		in this offe	ring?	,		Yes	[ X ] <u>N/A</u> No
3. 4.	Does the offi Enter the infi or similar ret to be listed is list the name or dealer, yo	ormation re muneration s an associa of the brol u may set f	equested for for solicita ated person ker or deale orth the info	each person tion of pure or agent of r. If more t	on who has chasers in c a broker or than five (5	been or will onnection we dealer reginerated persons to	vith sales o stered with be listed a	f securities the SEC ar	in the offerind/or with a	ng. If a pe state or sta	rson ites,	[ X	] []
Full N N/A	ame (Last nan	ne first, if i	ndividual)										
Busine	ess or Residen	ce Address	(Number a	nd Street, C	City, State, 2	Zip Code)							
Name	of Associated	Broker or l	Dealer				· · · · · · · · · · · · · · · · · · ·			<del></del>			
	[IN]				[CO] [LA] [NM] [UT]	Purchasers  [CT]  [ME]  [NY]  [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All States
Full N	ame (Last nan	ne first, if in	ndividual)							-			
Busine	ess or Residence	ce Address	(Number a	nd Street, C	City, State, 2	Zip Code)							
Name	of Associated	Broker or I	 Dealer		<u> </u>		<u> </u>		***************************************				**************************************
(Checle [AL] [IL] [MT] [RI]	in Which Pers c "All States" [AK] [IN] [NE] [SC] ame (Last nam	or check in [AZ] [IA] [NV] [SD]	dividual Sta [AR] [KS] [NH] [TN]		(CO) [LA] [NM] [UT]	Purchasers  [CT]  [ME]  [NY]  [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All States
D		4.15	01 1	16	T. C	7. ( 1 )				<del></del>			
Busine	ess or Residend	e Address	(Number a	na Street, C	ity, State, 2	cip Code)							
Name	of Associated	Broker or I	Dealer										
	in Which Pers  c "All States"  [AK]  [IN]  [NE]  [SC]				[CO] [LA] [NM] [UT]	Purchasers  [CT]  [ME]  [NY]  [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All States

and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amo	unt Already
Type of Security	Offering Price	711101	Sold
Debt	\$	\$	
Equity	\$1,200,000	\$	1,071,428
⊠ Common □ Preferred			
Convertible Securities (including warrants)	\$	\$	
Partnership Interests	\$	\$	
Other:	\$	\$	
Total	\$ 1,200,000	<u>\$</u> :	1,071,428
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Doll	ggregate ar Amount
	Investors	Of	Purchases
Accredited Investors	10	\$	1,071,428
Non-accredited Investors		\$	
Total (for filings under rule 504 only)		\$	
Answer also in Appendix, Column 3, if filing under ULOE.			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Type of	Do	llar Amount
Type of Offering	Security	Do	Sold
Rule 505	N/A	\$	·
Regulation A	N/A	\$	
Rule 504	N/A	\$	
Total	N/A	\$	
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees		a \$	
Printing and Engraving Costs		□ \$_ <u> </u>	
Legal Fees		_	
Accounting Fees		D \$	
Sales Commissions (specify finders' fees separately)		□ \$ <u> </u>	
Other Expenses (identify)		□ \$	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

{204369.0001/N0441569\_1}

u f la g	ndicate below the amount of the adjusted gross sed or proposed to be used for each of the purpor any purpose is not known, furnish an estimate of the estimate. The total of the payments list ross proceeds to the issuer set forth in response bove.	ses shown. If the amount e and check the box to the ted must equal the adjusted			
				Payments to Officers, Directors and Affiliates	Payments To Others
	Salaries and fees		[	] \$	[]\$
	Purchase of real estate			] \$	[] \$
	Purchase, rental or leasing and installation	of machinery and equipment	[	] \$	[] \$
	Construction or leasing of plant buildings a	nd facilities	[	] \$	[]\$
	Acquisition of other businesses (including	he value of securities involved in this			
	offering that may be used in exchange for t		-		
	issuer pursuant to a merger)			] \$	[] \$
	Repayment of indebtedness  Working Capital			] \$	[]\$
	Other (specify):		•	] \$ ] \$	[X] <u>\$ 1,200,000</u> []\$
	Column Totals		•	] \$	[] \$
	Total Payments Listed (column totals added	·		[] \$1	,200,000
		D. FEDERAL SIGNAT	URE		
issue	ssuer has duly caused this notice to be signed be itute an undertaking by the issuer to furnish to to to any non-accredited investor pursuant to par r (Print or Type)	he U.S. Securities and Exchange Commiss			
	SOURCE CAPITAL GROUP, INC.	MH		017103	
	e of Signer (Print or Type) HAEL D. PRUITT	Title of Signer (Print or Type) PRESIDENT	·		
		ATTENTION			
	Intentional misstatements or o	missions of fact constitute feder	al criminal violati	ons. (See 18 U.S	.C. 1001.)

4b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer.

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## E. STATE SIGNATURE

- Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions
   of such rule? Yes
   See Appendix, Column 5 for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and undertakes that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has caused this notice to be singed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) ERESOURCE CAPITAL GROUP, INC.	Signature	Date 10/7/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
MICHAEL D. PRUITT	PRESIDENT	

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

		2	3	ATTE		4	Т		<u> </u>		
	to non-a	I to Sell ccredited s in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana waiver g	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No		
AL			4 1								
AK											
AZ											
AR											
CA											
СО								<del></del>	-		
CT											
DE			COMMON STOCK	1	\$54,500						
DC											
FL											
GA			COMMON STOCK	3	\$588,000						
HI								,			
ID											
IL											
IN											
IA											
KS									1		
KY											
LA	-					**					
ME											
MD											
MA											
MI											
MN											
MS								7:34			

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	Intend to nona investor	I to Sell ccredited is in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Number	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No	
МО										
MT										
NE		-						,		
NV										
NH										
NJ			COMMON STOCK	2	\$300,000	]				
NM								<del></del> -		
NY										
NC			COMMON STOCK	4	\$257,500					
ND										
ОН							-			
ок								<del></del>		
OR										
PA	-									
RI				<del> </del>		<del></del>				
SC										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
WV						<del></del>				
WI								·		
WY										
PR									7	