

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816244

1. Entity Name

REGIONS MORTGAGE, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90009 016 \*\*\*150.00

Principal Place of Business

Mailing Address

605 S. PERRY  
P.O. BOX 669  
MONTGOMERY AL 36104-5819  
US

P.O. BOX 1448  
MONTGOMERY AL 36104-5819  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 63-0255533

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HOLLEMAN, JOHN A.  
STREET ADDRESS 655 S PERRY ST  
CITY-ST-ZIP MONTGOMERY AL 36101 ☒ Delete

TITLE President  
NAME Robert A. Goethe  
STREET ADDRESS 605 S. Perry St  
CITY-ST-ZIP Montgomery, AL 36101 ☒ Change ☐ Addition

TITLE D  
NAME HORSLEY, RICHARD D.  
STREET ADDRESS 417 N 20TH ST  
CITY-ST-ZIP BIRMINGHAM AL 35203 ☐ Delete

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

TITLE EVPT  
NAME WILSON, JOE B  
STREET ADDRESS 213 DAVORS DR  
CITY-ST-ZIP MONTGOMERY AL ☐ Delete

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

TITLE D  
NAME MACKIN, STANLEY  
STREET ADDRESS 4260 STONE RIVER RD  
CITY-ST-ZIP BIRMINGHAM AL ☐ Delete

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

TITLE D  
NAME FAUCETT, SAM P.  
STREET ADDRESS 2222 9TH ST.  
CITY-ST-ZIP TUSCALOOSA AL ☒ Delete

TITLE D  
NAME CARLE JONES JR  
STREET ADDRESS 417 N. 20th St  
CITY-ST-ZIP Birmingham, AL 35203 ☒ Change ☐ Addition

TITLE EVPS  
NAME FLEEGAL, JANET  
STREET ADDRESS 929 CLOVERDALE RD.  
CITY-ST-ZIP MONTGOMERY AL ☐ Delete

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: *W. Neil Turner / Agent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W. Neil Turner*

4/13/01

Date

(334) 832-8408

Daytime Phone #

CR2E034 (10/00)