

2001 UNIFORM BUSINESS REPORT (UBR)

0145664 SP

DOCUMENT # F00000000307

1. Entity Name
REGIONS AGENCY, INC.

FILED

02 APR -4 PM 1:49

Principal Place of Business
44 1ST ALABAMA BANK PLAZA
MONTGOMERY AL 36104-3513

Mailing Address
44 1ST ALABAMA BANK PLAZA
MONTGOMERY AL 36104-3513

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. Box 10247
Suite, Apt. #, etc.
ATTN: JACKIE SNOW

REINSTATEMENT

DO NOT WRITE IN THIS SPACE 01-02

City & State

City & State
BIRMINGHAM, AL

4. FEI Number
63-0635612

Applied For
Not Applicable

Zip Country

Zip Country
35202

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, registered agent, or both, in the State of Florida.

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

SIGNATURE *Barbara A. Burke*
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME TAYLOR, JIMMY B
STREET ADDRESS 2233 RAY THORINGTON DRIVE
CITY-ST-ZIP MONTGOMERY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005307461--2
-04/19/02--01029--020
****150.00 ****150.00

TITLE CD
NAME STEWART, W. WILSON
STREET ADDRESS 4610 APPLECROSS PLACE
CITY-ST-ZIP MONTGOMERY AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005307461--2
-04/19/02--01029--021
****750.00 ****750.00

TITLE ST
NAME HOUSTON, ROBERT P
STREET ADDRESS 7036 COOSADA ROAD
CITY-ST-ZIP COOSADA AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME UPCHURCH, SAMUEL E
STREET ADDRESS 3828 FOREST GLEN DRIVE
CITY-ST-ZIP BIRMINGHAM AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME SEPAN, DIANE
STREET ADDRESS 73 HIGH RIDGE COURT
CITY-ST-ZIP WETUMPKA AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HORSLEY, RICHARD D
STREET ADDRESS 5451 PALLADINO TRAIL
CITY-ST-ZIP BIRMINGHAM AL

TITLE
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel Upchurch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)