

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90300 001 ***300.00

73708

DO NOT WRITE IN THIS SPACE

DOCUMENT # F00000006748

1. Entity Name

Wachovia Community Development Corporation

Principal Place of Business

100 N. Main Street
 Winston-Salem, NC 27101

Mailing Address

100 N. Main Street
 Winston-Salem, NC 27101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 56-2003989

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301-2525

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!!!
 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	PD	<input type="checkbox"/> Delete
NAME	Baldwin, Freddie D.	
STREET ADDRESS	100 N. Main Street	
CITY-ST-ZIP	Winston-Salem, NC 27101	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	Murphy, Matthew W.	
STREET ADDRESS	100 N. Main Street	
CITY-ST-ZIP	Winston-Salem, NC 27101	
TITLE	S	<input type="checkbox"/> Delete
NAME	Spainhour, Sterling A.	
STREET ADDRESS	100 North Main Street	
CITY-ST-ZIP	Winston-Salem, NC 27101	
TITLE	T	<input type="checkbox"/> Delete
NAME	Green, N. Jay	
STREET ADDRESS	100 North Main Street	
CITY-ST-ZIP	Winston-Salem, NC 27101	
TITLE	CD	<input type="checkbox"/> Delete
NAME	Ryan, Michael F.	
STREET ADDRESS	100 North Main Street	
CITY-ST-ZIP	Winston-Salem, NC 27101	
TITLE	D	<input type="checkbox"/> Delete
NAME	Kelly, Stanhope A.	
STREET ADDRESS	100 North Main Street	
CITY-ST-ZIP	Winston-Salem, NC 27101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T. Parkin Hunter	
STREET ADDRESS	1426 Main Street, 18th Floor	
CITY-ST-ZIP	Columbia, SC 29226	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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:  **T. Parkin Hunter, Assistant Secretary** **5/1/2001 (803)765-4045**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #