

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90002 017 \*\*\*550.00

**DOCUMENT # F92000000396**

1. Entity Name

**REGIONS FINANCIAL LEASING, INC.**

Principal Place of Business

P.O. BOX 1203

MONTGOMERY AL 36102-1203

Mailing Address

P.O. BOX 1203

MONTGOMERY AL 36102-1203

078600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**63-1059813**

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

**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 \$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 **C** ☒ Delete  
 NAME **STEINER, ROBERT E III**  
 STREET ADDRESS **8 COMMERCE STREET**  
 CITY-ST-ZIP **MONTGOMERY AL 36106**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Richard Horsley**  
 STREET ADDRESS **417 N. 20th St.**  
 CITY-ST-ZIP **Birmingham, AL 35203**

TITLE **DST** ☒ Delete  
 NAME **TURNER, W N**  
 STREET ADDRESS **205 GREENCREST LANE**  
 CITY-ST-ZIP **PRATTVILLE AL 36067**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Derek Johnson**  
 STREET ADDRESS **417 N. 20th St.**  
 CITY-ST-ZIP **Birmingham, AL 35203**

TITLE **D** ☐ Delete  
 NAME **STONE, E C**  
 STREET ADDRESS **3010 BROOK ROAD**  
 CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE **V** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **MIMS, RICKY**  
 STREET ADDRESS **6720 GREENBROOK DR**  
 CITY-ST-ZIP **MONTGOMERY AL 36117**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **D. Bryan Jordan**  
 STREET ADDRESS **417 N. 20th St.**  
 CITY-ST-ZIP **Birmingham, AL 35203**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **Sam Upchurch**  
 STREET ADDRESS **417 N. 20th St.**  
 CITY-ST-ZIP **Birmingham, AL 35203**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)