FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 15, 2001 8:00 am DOCUMENT # F95000000962 Secretary of State 1. Entity Name ALABAMA COMMUNITY DEVELOPMENT CORPORATION 02-15-2001 90067 043 \*\*\*\*61.25 Principal Place of Business Mailing Address 3 OFFICE PARK CIRCLE SUITE 300 3 OFFICE PARK CIRCLE SUITE 300 BIRMINGHAM AL 35223 BIRMINGHAM AL 35223 Principal Place of Business 3. Mailing Address Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. DO 100 Applied For 4. FFI Number 63-0853890 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP Change ☐ Addition TITLE ☐ Delete TITLE CR2E037 (10/00 ROEHRIG, DIANE D ROEHRIG, DIANE D NAME NAME STE 100 117 S. CREST DRIVE STREET ADDRESS 3 OFFICE PARK CIRCLE, SUITE 300 STREET ADDRESS 35209-4726 CITY-ST-ZIP CITY-ST-ZIP **MOUNTAIN BROOK AL 35223** ☐ Delete TITLE ☐ Change ☐ Addition TiTi F NAME IFILL, ORVILLE E NAME STREET ADDRESS 721 N 21ST ST., ROOM 205 STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35203** CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE DORAN, PAUL NAME NAME 2601 CARSON RD., GEORGE WALLACE HALL #211 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BIRMINGHAM AL 35215-3098 ☐ Delete Change TITLE. TITLE ☐ Addition LAROCCA, A V NAME NAME STREET ADDRESS 1829 1ST AVE N STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35203** X Delete TITLE TITLE SECRETARI ☐ Change Addition STACY COCORIS MCDONALD, DIANE NAME NAME 304 19th St. N. STREET ADDRESS 3 OFFICE PARK CIRCLE SUITE 300 STREET ADDRESS 35020 CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change TERRELL, ED NAME NAME STREET ADDRESS 1900 FIFTH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL 35203** CITY-ST-ZiP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OF

02/09/01

205, 942.336 Daytime Phone #