

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001465

1. Entity Name

RELIANCE TRUST COMPANY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90151 005 ***150.00

Principal Place of Business

Mailing Address

3384 PEACHTREE RD.
SUITE 900
ATLANTA GA 30326

3384 PEACHTREE RD.
SUITE 900
ATLANTA GA 30326-2828

A0052777



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

58-1428634

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

MARRA, MICHAEL J
101 N.E. 3RD AVENUE
SUITE 100
FT LAUDERDALE FL 33301

500 West Cypress Creek Road
Suite 500
Ft. Lauderdale, FL 33309

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, 2000 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 PCD
NAME PHELPS, KENNETH J
STREET ADDRESS 3384 PEACHTREE RD.
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

TITLE V
NAME GUTHRIE, ANTHONY A
STREET ADDRESS 3384 PEACHTREE RD.
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

TITLE V
NAME MAXWELL, JAMES T
STREET ADDRESS 3384 PEACHTREE RD., STE. 900
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

TITLE S
NAME DAWSON, JERRY
STREET ADDRESS 3384 PEACHTREE RD., STE. 900
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

TITLE ~~W~~
NAME ~~MCCRACKEN, WILLIAM H~~
STREET ADDRESS ~~3384 PEACHTREE RD., STE. 900~~
CITY-ST-ZIP ~~ATLANTA GA 30326~~ ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

James Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 (404) 965-7225
Date Daytime Phone #

CR2E034 (9/99)