

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003160

1. Entity Name
AMSOUTH BANK

Principal Place of Business
**AMSOUTH SONAT TOWER
1900 5TH AVENUE NORTH
BIRMINGHAM AL 35203**

Mailing Address
**LAW DEPARTMENT
1901 6TH AVENUE NORTH, SUITE 920
BIRMINGHAM AL 35203**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0935103**

Applied For
Not Applicable

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
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 \$150.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
RITTER, C. DOWD
1900 5TH AVENUE NORTH
BIRMINGHAM AL 35203** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHANDLER, J. HAROLD
1 FOUNTAIN SQUARE
CHATTANOOGA TN 37402** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DALTON, JAMES E
103 CONTINENTAL PLACE
BRENTWOOD TN 37027** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GILBERT, RODNEY C
3700 OLD LEEDS ROAD
BIRMINGHAM AL 35213** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GILBERT, RODNEY C
2 PEACH BLOSSOM SQUARE
NASHVILLE, TN 37205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MASTERS, DIANE
1900 5TH AVENUE NORTH
BIRMINGHAM AL 35203** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
YODER, STEPHEN A.
1901 6TH AVE NORTH, SUITE 920
BIRMINGHAM, AL 35203** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
GORDAY, CARL L
1901 6TH AVE N., SUITE 920
BIRMINGHAM AL 35203** ☐ 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: Carl L. Gorday / Carl L. Gorday 4/26/01 205-326-5783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 05, 2001 8:00 am
Secretary of State
05-05-2001 90352 001 ***450.00

41336



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)