

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001716

1. Entity Name

FIRST UNION DEVELOPMENT CORPORATION

Principal Place of Business

ONE FIRST UNION CENTER  
CHARLOTTE NC 28288

Mailing Address

TWO FIRST UNION CENTER  
NC0200. ATTN: J. CAMP  
CHARLOTTE NC 28288

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-1610288

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

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 ☐ Delete  
NAME P  
STREET ADDRESS WILLIAMS, BENJAMIN F  
CITY-ST-ZIP ONE FIRST UNION CENTER  
CHARLOTTE NC 28288

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS AHERN, JAMES W  
CITY-ST-ZIP TWO FIRST UNION CENTER  
CHARLOTTE NC 28288

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS DANELLO, TIMOTHY F  
CITY-ST-ZIP ONE FIRST UNION CENTER  
CHARLOTTE NC 28288

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HATCH, JAMES H  
CITY-ST-ZIP TWO FIRST UNION CENTER  
CHARLOTTE NC 28288

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BERTGES, ROBERT F  
CITY-ST-ZIP TWO FIRST UNION CENTER  
CHARLOTTE NC 28288

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SIMPSON, BRIAN E  
CITY-ST-ZIP TWO FIRST UNION CENTER  
CHARLOTTE NC 28288

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. AHERN  
VP

4-19-01

Date

704-374-6841

Daytime Phone #

CR2E034 (10/00)