

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002309

1. Entity Name

SUNTRUST REAL ESTATE CORPORATION

Principal Place of Business

Mailing Address

919 EAST MAIN STREET  
RICHMOND VA 23219

919 EAST MAIN STREET  
RICHMOND VA 23219-4625

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

58-2465722

APPLIED FOR

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	CD	<input checked="" type="checkbox"/> Delete
NAME	SPIEGEL, JOHN W	
STREET ADDRESS	303 PEACHTREE ST., NE, 30TH FLOOR	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	O'HALLORAN, WILLIAM P JR.	
STREET ADDRESS	303 PEACHTREE ST., NE, 30TH FLOOR	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	BREEN, JAMES P JR.	
STREET ADDRESS	919 E. MAIN STREET	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	CSV	<input type="checkbox"/> Delete
NAME	HAGY, DAVID W	
STREET ADDRESS	919 E. MAIN STREET	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	EV	<input type="checkbox"/> Delete
NAME	GALLIENNE, SUSAN C	
STREET ADDRESS	919 E. MAIN STREET	
CITY-ST-ZIP	RICHMOND VA 23219	
TITLE	EV	<input type="checkbox"/> Delete
NAME	TAYLOR, JERRY O	
STREET ADDRESS	919 E. MAIN STREET	
CITY-ST-ZIP	RICHMOND VA 23219	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoepner, Theodore J.	
STREET ADDRESS	200 South Orange Avenue	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coords, Robert H.	
STREET ADDRESS	Suite 3840, 303 Peachtree Street, N.E.	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)*  
David W. Hagy, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

(804) 782-5035

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90023 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE