

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90987 037 ***150.00

DOCUMENT # F99000002309

1. Entity Name

SUNTRUST REAL ESTATE CORPORATION

Principal Place of Business

919 EAST MAIN STREET
 RICHMOND VA 23219

Mailing Address

919 EAST MAIN STREET
 RICHMOND VA 23219

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

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 resigning)

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	CD	<input type="checkbox"/> Delete
NAME	HOEPNER, THEODORE J	
STREET ADDRESS	200 SOUTH ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VC	<input type="checkbox"/> Delete
NAME	COORDS, ROBERT H	
STREET ADDRESS	SUITE 3840, 303 PEACHTREE ST NE	
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	303 PEACHTREE STREET, NE, SUITE 3040	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

David W. Hagy

804-782-5035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)