

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30709

1. Entity Name

WACHOVIA AUTO LEASING COMPANY

Principal Place of Business

1451 THOMAS LANGSTON ROAD  
WINTERVILLE NC 28590

Mailing Address

PO BOX  
GREENVILLE NC 27835  
US

2. Principal Place of Business

3. Mailing Address

PO Box 1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Greenville NC

Zip

Country

Zip

Country

27835

US

4. FEI Number

58-1762248

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

CT CORPORATION SYSTEM  
1200 S. 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, 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 ☐ Delete  
NAME D  
STREET ADDRESS PRENDERGAST, G. JOSEPH  
CITY-ST-ZIP 191 PEACHTREE ST., NE  
ATLANTA GA

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BAGGETT, WILLIAM C.  
CITY-ST-ZIP 100 N. MAIN STREET  
WINSTON-SALEM NC 27101

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS PARKIN, HUNTER T  
CITY-ST-ZIP 1401 MAIN STREET  
COLUMBIA SC 29226-9003

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS HUNTER, T. PARKIN  
CITY-ST-ZIP 1426 Main Street, 18th Fl.  
Columbia SC 29226-9003

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MARTIN, MICHAEL F.  
CITY-ST-ZIP 191 PEACHTREE STR NE  
ATLANTA GA

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS THOMPSON, D. GARY  
CITY-ST-ZIP 191 PEACHTREE STREET, NE  
ATLANTA GA

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS PERNELL, ARNOLD D.  
CITY-ST-ZIP 191 PEACHTREE STREET N.E.  
ATLANTA GA

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

5/1/2000

Date

(803) 765-4045

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)