


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

page 122

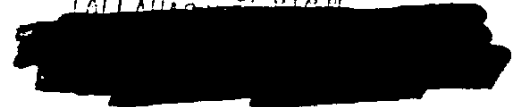
DOCUMENT # **P99000056737**

1. Entity Name  
**UBFLA PROCESSING CORPORATION**



FILED  
06 MAY 25 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE



1st MOORE CR2E034 (10/05)

Principal Place of Business  
201 E. PINE ST. **1580 SAWGRASS**  
ORLANDO FL 32801 **SUNRISE, FL**  
**33323**

Mailing Address  
ONE COMMERCE STREET, SUITE 303  
MONTGOMERY AL 36104

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 **65-0942877**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKSDALE, ARTHUR 201 E. PINE ST. ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, HARLAN 27200 RIVERVIEW CENTER BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEAFORD, MICHAEL 201 E. PINE ST. ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REIMER, DAVID ONE COMMERCE STREET MONTGOMERY AL 36104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, NAN ONE COMMERCE STREET MONTGOMERY AL 36104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOODY, SHEILA ONE COMMERCE STREET MONTGOMERY AL 36104	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARAH MOORE, D ONE COMMERCE ST. MONTGOMERY, AL 36104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATTI HILL, D ONE COMMERCE ST. MONTGOMERY, AL 36104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHELLE BARRETT-S ONE COMMERCE ST. MONTGOMERY, AL 36104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400074416824 05/11/06--01007--002 ***950.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 6/2/04	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 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

Date Daytime Phone #

DANN KOLMAN-SVP

4/12/06

334-240-5542



**Colonial BancGroup<sub>SM</sub>**

*Proprietary*

May 16, 2006

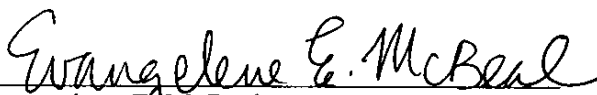
Florida Department of Revenue  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500  
Attn. Tyrone Scott  
Document Specialist

Dear Mr. Tyrone Scott,

Per our conversation regarding the annual reports we submitted for CBG FLORIDA REIT CORP AND UBFLA PROCESSING CORPORATION, the person signed the forms is Mr. David Reimer, SVP-Tax. He is one of the named officers for the above companies. He is also listed as one of the officers on box #10 on the forms. We are re-submitting the annual report forms with his name Printed on top of his original signature.

Please correct your record. Should you have any question please call at 334-240-5542.

Sincerely,

  
\_\_\_\_\_  
Evangelene E. McBeal  
Tax Accountant