

# UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

32938



20030721000464890 Pg 1/1 28.00  
Shelby Cnty Judge of Probate, AL  
07/21/2003 14:26:00 FILED/CERTIFIED

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; width: 80%; margin: auto; padding: 10px;"> <p>First Commercial Bank PO box 11746 Birmingham, AL 35202</p> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # <div style="text-align: center; font-size: 1.2em;">2002-03468 Shelby County</div>	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.	
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.	
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span><input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.</span> <span><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.</span> <span><input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).</span> </div>	
6. CURRENT RECORD INFORMATION:	
<div style="border: 1px solid black; padding: 5px;"> 6a. ORGANIZATION'S NAME <div style="text-align: center; font-size: 1.1em;">Caldwell Mill, LLP</div> </div>	
OR	
6b. INDIVIDUAL'S LAST NAME	<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">FIRST NAME</div> <div style="width: 25%;">MIDDLE NAME</div> <div style="width: 25%;">SUFFIX</div> </div>
7. CHANGED (NEW) OR ADDED INFORMATION:	
<div style="border: 1px solid black; padding: 5px;"> 7a. ORGANIZATION'S NAME </div>	
OR	
7b. INDIVIDUAL'S LAST NAME	<div style="display: flex; justify-content: space-between;"> <div style="width: 25%;">FIRST NAME</div> <div style="width: 25%;">MIDDLE NAME</div> <div style="width: 25%;">SUFFIX</div> </div>
7c. MAILING ADDRESS	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">CITY</div> <div style="width: 15%;">STATE</div> <div style="width: 15%;">POSTAL CODE</div> <div style="width: 30%;">COUNTRY</div> </div>	
7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR
7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral ☒ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

Partial Release:

Lot 37, according to the Survey of Phase One, Caldwell Crossings, 2nd Sector, as recorded in Map Book 30, page 116, in the Probate Office Shelby County, Alabama.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME			
First Commercial Bank			
OR			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY

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REORDER FROM  
**Registre, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKA, MN. 55303  
(763) 421-1713