

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90108 026 ***150.00

DOCUMENT # 018091 (9)

1. Entity Name

BESSEMER TRUST COMPANY OF FLORIDA

Principal Place of Business

Mailing Address

222 ROYAL PALM WAY
 PALM BEACH, FL 33480

222 ROYAL PALM WAY
 PALM BEACH, FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-6067333

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, WILLIAM A
 222 ROYAL PALM WAY
 PALM BEACH, FL 33480

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 NAME STREET ADDRESS CITY-ST-ZIP	SEVP HELSOM, FRANK E 222 ROYAL PALM WAY PALM BEACH, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HERREMA, DONALD J. 630 5th AVENUE NEW YORK, NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP MACDONALD, JOHN G. 630 5th AVE NEW YORK, NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTHEWS, WILLIAM A. 222 ROYAL PALM WAY PALM BEACH, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP ELLIOTT, ROBERT 630 5th AVENUE NEW YORK, NY	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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:

John G. MacDonald

JOHN G. MACDONALD SEVP

212-708-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)