

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P93000039733**

1. Entity Name

**SMITH BARNEY PRIVATE TRUST COMPANY OF FLORIDA**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90158 014 \*\*\*150.00

Principal Place of Business 777 S. FLAGLER DRIVE 8TH FLOOR-EAST TOWER WEST PALM BEACH FL 33401 US	Mailing Address 777 S. FLAGLER DRIVE 8TH FLOOR-EAST TOWER WEST PALM BEACH FL 33401-6161 US
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2. Principal Place of Business 400 Royal Palm Way, 3rd FL Suite, Apt. #, etc.	3. Mailing Address 400 Royal Palm Way, 3rd FL Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Palm Beach, Florida	City & State Palm Beach, Florida	4. FEI Number 65-0413973	Applied For <input type="checkbox"/> Not Applicable
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Zip 33480	Country Palm Beach	Zip 33480	Country Palm Beach	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KINDRED, JOHN M 243 KENLYN ROAD PALM BEACH FL 33480	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

*John M. Kindred*  
 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, TIMOTHY M 7002 BOULEVARD EAST, #32H GUTTENBURG NJ 07093 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen M. Kozuch 550 Sanctuary Point Jupiter, FL 33458 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSSMAN, KENNETH 220 ALHAMBRA CIRCLE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINDRED, JOHN M 243 KENLYN ROAD PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMPLER, RICHARD P. 2 N. TAMiami TRAIL, 10TH FLOOR SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEROME, ROBERT F 4251 CASPER COURT HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 M. Kindred*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #