2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038908

1. Entity Name

TRUST COMPANIES OF AMERICA, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90184 044 ***158.75

Principal Place of Business	Mailing Address
201 CENTER ROAD VENICE FL 34292	201 CENTER ROAD VENICE FL 34292-3528

Remainder of Above Address is Correct

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite Two	Suite, Apt. #, etc. Suite Two
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0596382 — 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
CALDWELL, ROLAND G JR 201 CENTER ROAD, Suite Two ← please add VENICE FL 34292 remainder is correct	Name Street Address (P.O. Box Number is Not Acceptable) 201 Center Road, Suite Two 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	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALDWELL, ROLAND G	NAME	
STREET ADDRESS	4910 LEMON BAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	CITY-ST-ZIP	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CALDWELL, ROLAND G JR	NAME	
STREET ADDRESS	3320 HARDEE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MEYERHOFF, JACK F	NAME	
STREET ADDRESS	20 INLETS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'MEARA, LLOYD E	NAME	
STREET ADDRESS	3803 HUNTING RIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER VA 22603	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BOOTH, J. SAM	NAME	
STREET ADDRESS	128 INLETS BLVD	STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL 34275	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, EDMUND B JR	NAME	
STREET ADDRESS	951 INLET CIRCLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	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: Roland G. Caldwell, Jr., Pres. 02/03/00 941-493-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)