

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90004 043 \*\*\*158.75

REG0004 AV

**DOCUMENT # P95000038908**  
 1. Entity Name  
**TRUST COMPANIES OF AMERICA, INC.**

Principal Place of Business <b>201 CENTER ROAD SUITE TWO VENICE FL 34292</b>	Mailing Address <b>201 CENTER ROAD SUITE TWO VENICE FL 34292</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>65-0596382</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALDWELL, ROLAND G JR**  
**201 CENTER ROAD**  
**SUITE TWO**  
**VENICE FL 34292**

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.

SIGNATURE \_\_\_\_\_ (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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>CALDWELL, ROLAND G</b> <b>4910 LEMON BAY DRIVE</b> <b>VENICE FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>CALDWELL, ROLAND G JR</b> <b>3320 HARDEE DRIVE</b> <b>VENICE FL 34292</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEYERHOFF, JACK F</b> <b>20 INLETS BLVD.</b> <b>NOKOMIS FL 34275</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>O'MEARA, LLOYD E</b> <b>3803 HUNTING RIDGE ROAD</b> <b>WINCHESTER VA 22603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TEAGUE, JO M JR</b> <b>848 CARNOUSTIE DR</b> <b>VENICE FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILCOX, JUDITH H</b> <b>324 SUNRISE RD</b> <b>NOKOMIS FL 34275</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Robert H. Stovall</b> <b>888 Blvd. of the Arts, #905</b> <b>Sarasota, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>H. Lee Thacker, Jr.</b> <b>498 Summerfield Way</b> <b>VENICE, FL 34292</b>
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TITLE NAME STREET ADDRESS 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:** **SIGNATURE REQUIRED** **01/10/02** **941-493-3600**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)