

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90002 031 ***150.00

DOCUMENT # P98000040480

1. Entity Name
ADVISORS TRUST PLANNING & INVESTMENT COMPANY, IN

Principal Place of Business 5811 PELICAN BAY BLVD SUITE 300 NAPLES FL 34108	Mailing Address 5811 PELICAN BAY BLVD SUITE 300 NAPLES FL 34108
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3513696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COX, JOE B ESQ.
 C/O COX & NICI
 5881 PELICAN BAY BLVD SUITE 300
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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) <input type="checkbox"/>	FILE NOW! After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> Delete
NAME	COX, JOE B
STREET ADDRESS	5811 PELICAN BAY BLVD. SUITE 300
CITY-ST-ZIP	NAPLES FL 34108
TITLE	RP <input type="checkbox"/> Delete
NAME	SMARG, RICHARD M
STREET ADDRESS	5811 PELICAN BAY BLVD. SUITE 300
CITY-ST-ZIP	NAPLES FL 34108
TITLE	P <input type="checkbox"/> Delete
NAME	BENSON, STEVEN T
STREET ADDRESS	5811 PELICAN BAY BLVD SUITE 300
CITY-ST-ZIP	NAPLES FL 34108
TITLE	D <input type="checkbox"/> Delete
NAME	ROTSCHILD, STEPHEN O
STREET ADDRESS	5811 PELICAN BAY BLVD. SUITE 300
CITY-ST-ZIP	NAPLES FL 34108
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I am the officer or director of the corporation or the receiver or trustee empowered to execute this report 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: Steven T. Benson **STEVEN T. BENSON** 5/1/01 941-596-9900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)