

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**  
02-09-2001 90218 022 \*\*\*150.00

**DOCUMENT # 435930**

1. Entity Name

**RAYMOND JAMES FINANCIAL SERVICES, INC.**

Principal Place of Business

**880 CARILLON PARKWAY  
PO BOX 12749  
ST PETERSBURG FL 33733-2749**

Mailing Address

**880 CARILLON PARKWAY  
PO BOX 12749  
ST PETERSBURG FL 33733-2749**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1531281**

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

**PIPPINGER, LYNN  
880 CARILLON PARKWAY  
ST. PETERSBURG FL 33716**

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, 2001 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	<input type="checkbox"/> Delete
NAME	GREENE, M. ANTHONY	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL 33733-2749	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HELCK, CHET B	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL 33733-2749	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AVERITT, RICHARD G	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL 33733-2749	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZANK, DENNIS W	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL 33733-2749	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAAS, MARY	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL 33733-2749	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PUTNAM, J. STEPHEN	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETERSBURG FL 33733-2749	

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 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: *Dennis W. Zank*

Dennis W. Zank

JAN 31 2001

727-573-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)