

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90044 025 ***150.00

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1. Entity Name
RAYMOND JAMES & ASSOCIATES, INC.



Principal Place of Business
**880 CARILLON PKWY.
P.O. BOX 12749
ST PETERSBURG FL 33733-2749**

Mailing Address
**880 CARILLON PKWY.
P.O. 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 **59-1237041**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Paul L. Matecki
Street Address (P.O. Box Number is Not Acceptable)
880 Carillon Parkway
St. Petersburg, FL 33716
City
St. Petersburg **FL** Zip Code
33716

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul L. Matecki, Chief Legal Officer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
JAMES, THOMAS A. ☐ Delete
880 CARILLON PKWY
ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
PIPPINGER, LYNN ☐ Delete
880 CARILLON PKWY
ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVD
SHUCK, ROBERT F. ☒ Delete
880 CARILLON PKWY
ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HELCK, CHESTER B. ☐ Change ☒ Addition
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVD
ZANK, DENNIS W. ☐ Delete
880 CARILLON PKWY
ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRANKE, THOMAS S ☒ Delete
880 CARILLON PKWY
ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TREMAINE, THOMAS T ☐ Change ☒ Addition
880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
FRANZ, RICHARD B II ☐ Delete
880 CARILLON PKWY
ST PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Richard B. Franz, II** **APR 23 2003** **727-567-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)