## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # 444750** RAYMOND JAMES FINANCIAL, INC. 02-09-2001 90218 021 \*\*\*150.00 Principal Place of Business Mailing Address 880 CARILLON PARKWAY 880 CARILLON PARKWAY P.O. BOX 12749 P.O. BOX 12749 C0019480 ST PETERSBURG FL 33733-2749 ST PETERSBURG FL 33733-2749 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1517485 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -----7. Name and Address of New Registered Agent PIPPENGER, LYNN Street Address (P.O. Box Number is Not Acceptable) 880 CARILLON PARKWAY ST. PETERSBURG FL 33716 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME JAMES, THOMAS A. NAME STREET ADDRESS STREET ADDRESS 880 CARILLON PARKWAY CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL VCD □ Delete ☐ Addition TITLE TITLE □ Change NAME SHUCK, ROBERT F. NAME STREET ADDRESS STREET ADDRESS 880 CARILLON PARKWAY City-St-789 CITY-ST-ZIP ST. PETERSBURG FL TITLE TAS ☐ Delete TITLE ☐ Addition PIPPENGER, LYNN NAME NAME STREET ADDRESS STREET ADDRESS 880 CARILLON PARKWAY CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Defete Change ☐ Addition GREENE, M. ANTHONY NAME STREET ADDRESS STREET ADDRESS 1647 MT VERNON RD #250 CITY-ST-ZIP CITY-ST-ZIP atlanta ga TITLE VAS Delete TITLE ☐ Change Addition NAME KISSNER, MARY JEAN NAME

ST. PETE. FL 33716 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.

CITY-ST-ZIP

TITLE

NAME

☐ Delete

OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND THEO OR PRINTED NAM

880 CARILLON PKWY

ST PETERSBURG FL

GODBOLD, FRANCIS S

880 CARILLON PKWY.

PD

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Francis S. Godbold

JAN 3 1 2001

☐ Change

☐ Addition