

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90009 009 \*\*\*150.00

0154959

**DOCUMENT # 840396**

1. Entity Name  
**LLOYDS TSB BANK PLC**

Principal Place of Business <b>71 LOMBARD STREET          LONDON EC2P 3BS</b>	Mailing Address <b>2 S. BISCAYNE BLVD.          SUITE 3200          MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>13-2693385</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**MOONEY, WILLIAM J**  
**2 BISCAYNE BLVD., STE. 3200**  
**% LLOYDS BANK PLC**  
**MIAMI FL 33131**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PITTMAN, SIR BRIAN</b> <b>71 LOMBARD STREET</b> <b>LONDON EC3P 3BS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOODISON, SIR NICHOLAS</b> <b>71 LOMBARD STREET</b> <b>LONDON EC3P 3BS</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOORE, ALAN E</b> <b>71 LOMBARD STREET</b> <b>LONDON EC 3P 3BS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO</b> <b>ELLWOOD, PETER B</b> <b>71 LOMBARD STREET</b> <b>LONDON EC3P 3BS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO</b> <b>ATKINSON, KENT</b> <b>71 LOMBARD STREET</b> <b>LONDON EC3P 3BS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>MOONEY, WILLIAM J</b> <b>71 LOMBARD STREET</b> <b>LONDON EC3P 3BS</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2 BISCAYNE BLVD. SUITE 3200</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>MCKENDRY, KEVIN P ESQ.</b> <b>575 FIFTH AVENUE</b> <b>NEW YORK NY 10017</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William J Mooney* **William J Mooney** 02/28/01 (305) 579-8990  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)