

# 2000 UNIFORM BUSINESS REPORT (UBR)

00098005 AF

**DOCUMENT # A93000000632**

1. Entity Name  
**RAYJIT & CO., LIMITED PARTNERSHIP**

APPROVED  
AND  
FILED

00 APR -3 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA *ng 4/17*

Principal Place of Business: **ONE PROGRESS PLAZA, SUITE 150, ST. PETERSBURG FL 33701**

Mailing Address: **ONE PROGRESS PLAZA, SUITE 150, ST. PETERSBURG FL 33701-4351**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

4. FEI Number **59-3186883**

Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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. Capital Contributions as Shown on record. **\$300.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>S88911</b>
NAME	<b>RAYMOND JAMES TRUST COMPANY</b>
STREET ADDRESS	<b>ONE PROGRESS PLAZA, SUITE 150</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL 33701</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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STREET ADDRESS	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE: ~~THOMAS R. TREMAINE~~ THOMAS R. Tremaine** **3/20/00** **727-573-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)