

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013633 AT

DOCUMENT # A93000000632

1. Entity Name

RAYJIT & CO., LIMITED PARTNERSHIP

02 APR 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE PROGRESS PLAZA, SUITE 150
ST. PETERSBURG FL 33701

Mailing Address

ONE PROGRESS PLAZA, SUITE 150
ST. PETERSBURG FL 33701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3186883

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # S88911
NAME RAYMOND JAMES TRUST COMPANY
STREET ADDRESS ONE PROGRESS PLAZA, SUITE 150
CITY-ST-ZIP ST. PETERSBURG FL 33701

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas R. Tremaine

APR 05 2002

727-573-3800

Date

Daytime Phone #

CR2E003 (9/01)