

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** B95000000287

**1. Entity Name**  
VESTRUST SECURITIES L.P., LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

**Principal Place of Business**  
200 S. BISCAYNE BLVD., #2400  
MIAMI FL 33131

**Mailing Address**  
2400 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131-2310



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

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

DO NOT WRITE IN THIS SPACE

**City & State** **City & State** **4. FEI Number** 65-0594506 **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**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET, SUITE 105**  
**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. (NOTE: Registered Agent signature required when reinstating) **DATE**

**9. Capital Contributions as Shown on record.** \$630,000.00 **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 # NAME STREET ADDRESS CITY - ST - ZIP	S30241 VESTRUST SECURITIES INC. 200 S. BISCAYNE BLVD., #2400 MIAMI FL 33131-2339	STREET ADDRESS	
		CITY - ST - ZIP	0000003241530--3 05/05/00-01037-001 ****535.00 ****535.00
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

**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:** **REQUIRED** **4/15/00** **(305) 995-5050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #