

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90055 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000000862

1. Entity Name
RJC PARTNERS, INC.



Principal Place of Business
THE RAYMOND JAMES FINANCIAL CENTER
880 CARILLON PKWY.
ST. PETERSBURG, FL 33716 US

Mailing Address
THE RAYMOND JAMES FINANCIAL CENTER
880 CARILLON PKWY.
ST. PETERSBURG, FL 33716 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3491506

Applied For

Not Applicable

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

THOMAS, DAVID E JR
880 CARILLON PKWY.
ST. PETERSBURG, FL 33716

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstating)

[Signature]
DATE

FILE NOW!!! FEES \$160.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete
NAME GODBOLD, F.S.
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JAMES, THOMAS A
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME OSTROW, GENE
STREET ADDRESS 880 CARILLON PKWY.
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☒ Delete
NAME PALSHA, GRACE M
STREET ADDRESS 880 CARILLON PARKWAY
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE AS ☐ Change ☒ Addition
NAME Donna L. Wilson
STREET ADDRESS 880 Carillon Pkwy.
CITY-ST-ZIP St. Petersburg, FL 33716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PST ☐ Change ☒ Addition
NAME David E. Thomas, Jr.
STREET ADDRESS 880 Carillon Pkwy.
CITY-ST-ZIP St. Petersburg, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

(Signature typed or printed name of signing officer or director)

David E. Thomas, Jr.

MAR 31 2003

727-567-3800

D.S.#

Daytime Phone #

CH2E034 (10/02)