

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90047 039 ***158.75

DOCUMENT # F99000000687

1. Entity Name

TRIUMPH-CALIFORNIA ADVISORS, INC.

Principal Place of Business

Mailing Address

222 LAKEVIEW AVE., STE 160-268
WEST PALM BEACH FL 33401-6145

222 LAKEVIEW AVE., STE 160-268
WEST PALM BEACH FL 33401-6145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4532481

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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, 2000 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	MCCARTHY, FREDERICK W	
STREET ADDRESS	222 LAKEVIEW AVE., STE 160-268	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSELEY IV, FREDERICK S	
STREET ADDRESS	28 STATE STREET, 37TH FL	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCLAUGHLIN III, RICHARD F	
STREET ADDRESS	28 STATE STREET, 37TH FL	
CITY-ST-ZIP	BOSTON MA	
TITLE	SB	<input type="checkbox"/> Delete
NAME	TREVISANI, ROBERT M	
STREET ADDRESS	28 STATE STREET, 37TH FL	
CITY-ST-ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPADONI, CHARLES B	
STREET ADDRESS	28 STATE STREET, 37TH FL	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)