

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000687

1. Entity Name
TRIUMPH-CALIFORNIA ADVISORS, INC.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90101 014 ***158.75

Principal Place of Business
222 LAKEVIEW AVE., STE 160-268
WEST PALM BEACH FL 33401-6145

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

965336



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 95-4532481

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

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

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. 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME MCCARTHY, FREDERICK W
STREET ADDRESS 222 LAKEVIEW AVE., STE 160-268
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE PD
NAME MOSELEY IV, FREDERICK S
STREET ADDRESS 28 STATE STREET, 37TH FL
CITY-ST-ZIP BOSTON MA ☐ Delete

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

TITLE VS
NAME TREVISANI, ROBERT M
STREET ADDRESS 28 STATE STREET, 37TH FL
CITY-ST-ZIP BOSTON MA ☒ Delete

TITLE Treasurer
NAME Peter Schofield
STREET ADDRESS 28 State St 37th fl
CITY-ST-ZIP Boston MA 02109 ☐ Change ☒ Addition

TITLE V
NAME SPADONI, CHARLES B
STREET ADDRESS 28 STATE STREET, 37TH FL
CITY-ST-ZIP BOSTON MA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Peter Schofield Peter Schofield 4/24/02 617557-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0349942 AV

CR2E034 (9/01)