

# 2000 UNIFORM BUSINESS REPORT (UBR)

144311

DOCUMENT # G80418

1. Entity Name

TEMPLETON FUNDS ANNUITY COMPANY

Principal Place of Business

100 FOUNTAIN PARKWAY  
ST. PETERSBURG FL 33716  
US

Mailing Address

P O BOX 33030  
ST. PETERSBURG FL 33733-8030  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2378916

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

SMITH, ROBERT W III  
100 FOUNTAIN PARKWAY  
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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☒ Delete  
NAME JENSEN, MARK C  
STREET ADDRESS 777 MARINERS ISLAND BLVD  
CITY-ST-ZIP SAN MATEO CA 94404

TITLE Secretary ☐ Change ☒ Addition  
NAME Karen L Skidmore  
STREET ADDRESS 777 Mariners Island Blvd  
CITY-ST-ZIP San Mateo CA 94404

TITLE PD ☐ Delete  
NAME AUSTIN, RICHARD P. (CEO)  
STREET ADDRESS 100 FOUNTAIN PARKWAY  
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE ☐ Change ☐ Addition  
NAME 100003161221--0  
STREET ADDRESS -03/07/00--01100--006  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE D ☐ Delete  
NAME WATSON, THOMAS A.  
STREET ADDRESS 4971 BACOPA LN S  
CITY-ST-ZIP ST. PETERSBURG BCH FL 33715

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

TITLE DVC ☐ Delete  
NAME CAMPBELL, GORDON W  
STREET ADDRESS 2000 BAYVIEW DRIVE  
CITY-ST-ZIP TIERRA VERDE FL 33715

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

TITLE D ☐ Delete  
NAME ADCOCK, LOUIE N., JR.  
STREET ADDRESS 100 2ND AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

2/22/00 800-237-0738

CR2E034 (9/99)