

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90227 021 \*\*\*150.00

**DOCUMENT # J96712**

1. Entity Name  
**RAYMOND JAMES PARTNERS, INC.**



Principal Place of Business  
880 CARILLON PKWY.  
P.O. BOX 12749  
ST. PETERSBURG, FL 33733-2749 US

Mailing Address  
880 CARILLON PKWY.  
P.O. BOX 12749  
ST. PETERSBURG, FL 33733-2749 US

2. Principal Place of Business

3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-2849643**

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

**MATECKI, PAUL L**  
**RAYMOND JAMES FINANCIAL CENTER**  
**800 CARILLON PARKWAY**  
**ST. PETERSBURG, FL 33716**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
MOSBY, J. DAVENPORT III  
880 CARILLON PKWY.  
ST. PETERSBURG, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
DINER, RONALD M  
880 CARILLON PKWY  
ST. PETE, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
PALSHA, GRACE M  
880 CARILLON PKWY  
ST. PETE., FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
KISSNER, MARY JEAN  
880 CARILLON PKWY  
SAINT PETERSBURG, FL 33716

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
BELL, SANDRA G  
880 CARILLON PKWY  
ST PETERSBERG, FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. Davenport Mosby, III**

**MAR 26 2003**

Date

**813-567-3800**

Daytime Phone #

CR2E034 (10/02)