

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010979

1. Entity Name

INTRUST ADVISORS, LLC

Principal Place of Business

114 SOUTH WOODLYNNE AVENUE
TAMPA FL 33609

Mailing Address

114 SOUTH WOODLYNNE AVENUE
TAMPA FL 33609

2. Principal Place of Business

320 W. KENNEDY BLVD

3. Mailing Address

320 W. KENNEDY BLVD

Suite, Apt. #, etc.

SUITE 250

Suite, Apt. #, etc.

SUITE 250

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33606-1468

Country

USA

Zip

33606-1468

Country

USA

6. Name and Address of Current Registered Agent

DIERCKS, JEFFREY J

114 SOUTH WOODLYNNE AVENUE
TAMPA FL 33609

4. FEI Number

59-3675873

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

320 W. KENNEDY BLVD, SUITE 250

City

TAMPA

FL

Zip Code

33606-1468

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.

JEFFREY J. DIERCKS

(NOTE: Registered Agent signature required when reinstating)

4/23/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

JEFFREY J. DIERCKS 4/23/01 (813) 253-2388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0017541 AF

CR2E083 (11/00)

FILED

01 MAY 18 AM 11:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE