

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04931

1. Entity Name

MERRILL LYNCH TRUST COMPANY

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90015 042 ***150.00

Principal Place of Business

Mailing Address

4800 DEER LAKE DR E
BLDG 3, 2ND FLOOR
JACKSONVILLE FL 32246
US

4800 DEER LAKE DR E
BLDG 3, 2ND FLOOR
JACKSONVILLE FL 32246-6484
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 22-3053804

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

LANGENDERFER, JEFFREY
4804 DEER LAKE DR. EAST
2ND FLOOR
JACKSONVILLE FL 32246

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 **DC** ☐ Delete
NAME **CHAMBERS, DAVID W.**
STREET ADDRESS **P. O. BOX 9049 N/A**
CITY-ST-ZIP **PRINCETON NJ**

TITLE **Director, Chairman** ☒ Change ☐ Addition
NAME **Doris P. Meister**
STREET ADDRESS **P. O. Box 9049**
CITY-ST-ZIP **Princeton, NJ**

TITLE **D** ☐ Delete
NAME **EMERSON, WILLIAM A.**
STREET ADDRESS **3050 82ND WAY NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VP & Secretary** ☐ Change ☒ Addition
NAME **Janelle Ellis**
STREET ADDRESS **P. O. Box 9049**
CITY-ST-ZIP **Princeton, NJ**

TITLE **D** ☐ Delete
NAME **HALL, EDWIN H, JR.**
STREET ADDRESS **624 CONCORD LANE**
CITY-ST-ZIP **HOLMES BEACH FL**

TITLE **VP & Secretary** ☐ Change ☐ Addition
NAME **Janelle Ellis**
STREET ADDRESS **P. O. Box 9049**
CITY-ST-ZIP **Princeton, NJ**

TITLE **D** ☐ Delete
NAME **MIDDLETON, DAVID J.**
STREET ADDRESS **50 NORTH LAURA ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP & Secretary** ☐ Change ☐ Addition
NAME **Janelle Ellis**
STREET ADDRESS **P. O. Box 9049**
CITY-ST-ZIP **Princeton, NJ**

TITLE **DP** ☐ Delete
NAME **ENGELHARDT, JO ANN**
STREET ADDRESS **249 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP & Secretary** ☐ Change ☐ Addition
NAME **Janelle Ellis**
STREET ADDRESS **P. O. Box 9049**
CITY-ST-ZIP **Princeton, NJ**

TITLE **DC** ☐ Delete
NAME **CORRIGAN, HAROLD**
STREET ADDRESS **249 ROYAL PALM WAY**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP & Secretary** ☐ Change ☐ Addition
NAME **Janelle Ellis**
STREET ADDRESS **P. O. Box 9049**
CITY-ST-ZIP **Princeton, NJ**

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: *Janelle Ellis* Janelle Ellis, VP & Secretary 609-282-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)