

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05130

1. Entity Name

TREASURY MANAGEMENT ASSOCIATION OF SOUTH FLORIDA

Principal Place of Business

Mailing Address

DEPARTMENT #210435
MIAMI FL 33121

DEPARTMENT #210435
MIAMI FL 33121-0001

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

59-2452478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOBSON, CURT D
ONE FINANCIAL PLAZA 13 FLOOR
C/O BANK OF AMERICA - BK Bank of America
FORT LAUDERDALE FL 33394

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME JOBSON, CURT
STREET ADDRESS C/O BARNETT BANK, 701 BRICKELL AVE
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VP
NAME CASTELLANOS, PATRICIA
STREET ADDRESS SUNTRUST 777 BRICELL AVE 4TH FL
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE TD
NAME SHEPARD, ROSSANA
STREET ADDRESS FIRST UNION 200 S. BISCAYNE BLVD 15
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE RSD
NAME MCNAB, MELANIE
STREET ADDRESS KNIGHTRIDER INCONE HERALD PLA
CITY-ST-ZIP MIAMI FL 33132

☐ Delete

TITLE CSO
NAME LICHWIARZ, WENDI
STREET ADDRESS CARNIVALCRUISELINES,3655NW87AVE
CITY-ST-ZIP MIAMI FL 33178

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

(954) 765-2517

Daytime Phone #