

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90210 025 ****61.25

DOCUMENT # N39726

1. Entity Name

CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHWEST FL

Principal Place of Business

C/O NORTHERN TRUST BANK OF FL
 4001 TAMIA MI TRAIL NN
 NAPLES FL 34103
 US

Mailing Address

C/O NORTHERN TRUST BANK OF FL
 4001 TAMIA MI TRAIL NN
 NAPLES FL 34103
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0222033

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

7. Name and Address of New Registered Agent

MITCHELL, STEVEN B
C/O NORTHERN TRUST BANK OF FL
4001 TAMIA MI TRAIL N
NAPLES FL 34103

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, PATRICIA J MERRILL LYNCH 821 5TH AVE. S. STE. 101 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELLERS, HAYWOOD SONTRUST BANK 801 LAUREL OAK DR. NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BODELL, S C JR 850 PARK SHORE DR STE 204 NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAKLA, PEGGY 765 SEAGATE DRIVE NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, DONALD D. 4001 TAMIA MI TRAIL N NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, STEVE 4501 TAMIA MI TRAIL N #310 NAPLES FL 34103	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TOMLINSON, PATRICIA A SONTRUST BANK 26731 TAMIA MI TRAIL BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SELLERS, HAYWOOD 3129 ANDORRA COURT NAPLES FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MASTERTSON, DAVID KELLY TRUST CO OF FL N.A. 3777 TAMIA MI TRAIL N NAPLES, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RUSSELL, DEBORAH BROWN BROS. HARRIMAN TRUST 187 FIFTH AVE. S. NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JONES, DONALD D NATIONAL CITY TRUST CO. 4005 TAMIA MI TRAIL N, NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MITCHELL, STEVE NORTHERN TRUST BANK OF FL 4001 TAMIA MI TRAIL N NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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 of Steven B Mitchell

7 FEB 2001

(941) 598-2099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)