## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000077411

Entity Name: THE TRUST COMPANY OF FLORIDA

FILED Jan 11, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1620 PLACIDA RD 1620 PLACIDA RD ENGLEWOOD, FL ENGLEWOOD, FL 34223 **Current Mailing Address: New Mailing Address:** 1620 PLACIDA RD 1620 PLACIDA RD ENGLEWOOD, FL ENGLEWOOD, FL 34223 FEI Number: 65-1003849 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHMIDT, EDWARD J PRES 1620 PLACIDA ROAD ENGLEWOOD, FL 34223 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: EDWARD J. SCHMIDT 01/11/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NIRENBERG, KENNETH M Name: Name: 775 LIMPET DR Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip: Title: Title: ( ) Delete D/C (X) Change ( ) Addition MORRISON, RICHARD M MORRISON, RICHARD M Name: Name: NO 7 PEEKINS COVE NO 7 PEEKINS COVE Address: Address: BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition LOMBARD, JAMES M Name: Name: 888 BOULEVARD OF THE ARTS #1906 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: ( ) Delete Title: () Change () Addition LASCELLE, PHILIP M Name: Name: Address: 845 TROPICAL CIR Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34242 Title: Title: () Delete () Change () Addition GAYLOR, WILLIAM R JR Name: Name: 614 FOUR BAYS DR Address: Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FLOYD, ALAN A Name: 5880 MIDNIGHT PASS RD SUITE 905 Address: Address: City-St-Zip: SARASOTA, FL 34242 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J. SCHMIDT PRES 01/11/2002

MARY G. TOUNDAS, D/V/T/S 5919 DIANA ROAD VENICE, FL 34293

S. ALEXANDER THAYER, D/VC 1822 CASEY KEY ROAD NOKOMIS, FL 34275

EDWARD J. SCHMIDT, D/P 1606 N LAKESHORE DRIVE SARASOTA, FL 34231