

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91376 044 ***150.00

DOCUMENT # P00000077411

1. Entity Name

THE TRUST COMPANY OF FLORIDA



Principal Place of Business

**1620 PLACIDA RD
ENGLEWOOD FL 34223**

Mailing Address

**1620 PLACIDA RD
ENGLEWOOD FL 34223**

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

65-1003849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **FLOYD, ALAN A**
STREET ADDRESS **5880 MIDNIGHT PASS RD SUITE 905**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **S/D** ☐ Change ☒ Addition
NAME **James H. Brandt**
STREET ADDRESS **420 Anchorage Drive**
CITY-ST-ZIP **Nokomis, FL 34275**

TITLE **D** ☐ Delete
NAME **GAYLOR, WILLIAM R JR**
STREET ADDRESS **614 FOUR BAYS DR**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Mary G. Toundas**
STREET ADDRESS **5919 Diana Road**
CITY-ST-ZIP **Venice, FL 34293**

TITLE **D** ☐ Delete
NAME **LASCELLE, PHILIP M**
STREET ADDRESS **845 TROPICAL CIR**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LOMBARD, JAMES M**
STREET ADDRESS **888 BOULEVARD OF THE ARTS #1906**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D/C** ☐ Delete
NAME **MORRISON, RICHARD M**
STREET ADDRESS **NO 7 PEEKINS COVE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **NIRENBERG, KENNETH M**
STREET ADDRESS **775 LIMPET DR**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 607, 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 REQUIRED

4/24/03

(941) 486-8994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)