

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90321 008 ***150.00

DOCUMENT # P92000011987

1. Entity Name

Nations Trust, Inc.

Principal Place of Business

250 Valencia Ave.
 Coral Gables, FL
 33134

Mailing Address

250 Valencia Ave
 Coral Gables, FL
 33134

2. Principal Place of Business

1828-B N. University Dr
 Suite, Apt. #, etc.

3. Mailing Address

1828-B N. University Dr
 Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0470570

Applied For

Not Applicable

Zip

Country

33322

USA

Zip

Country

33322

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

George Miller
 250 Valencia Ave
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name: George Miller
 Street Address: 1828-B N. University Dr
 City: Plantation FL Zip Code: 33322

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, 2001 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	George D. Miller	
STREET ADDRESS	250 Valencia Ave	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME	Hennessy, David	
STREET ADDRESS	22481 Pleasant Park Rd	
CITY-ST-ZIP	Conifer, CO 80433	
TITLE	VS	<input type="checkbox"/> Delete
NAME	Berkowitz, Joel	
STREET ADDRESS	303 Ivy Lane	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME	Cookley, William O	
STREET ADDRESS	733 Tradewind Drive	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME	Emmy Schmal	
STREET ADDRESS	11074 Kennedy Ave	
CITY-ST-ZIP	Conifer, CO 80433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George D. Miller	
STREET ADDRESS	1828-B N. University Dr	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hennessy, David	
STREET ADDRESS	11873 Spring Rd, Ste #10	
CITY-ST-ZIP	Conifer, CO 80433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)