

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90334 012 ***150.00

DOCUMENT # P93000039733

1. Entity Name
CITI FIDUCIARY TRUST COMPANY OF FLORIDA

Principal Place of Business
**400 ROYAL PALM WAY 3RD FL
PALM BEACH FL 33480
US**

Mailing Address
**400 ROYAL PALM WAY 3RD FL
8TH FLOOR-EAST TOWER
PALM BEACH FL 33480
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0413973**

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

**KINDRED, JOHN M
243 KENLYN ROAD
PALM BEACH FL 33480**

Name
Stephen M. Kozuch
Street Address (P.O. Box Number is Not Acceptable)
550 Sanctuary Point
City
Jupiter **FL** Zip Code
33458

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 **Stephen M. Kozuch**

2/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D PAUL, TIMOTHY M** ☐ Delete
STREET ADDRESS **7002 BOULEVARD EAST, #32H**
CITY-ST-ZIP **GUTTENBURG NJ 07093**

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

TITLE
NAME **D SUSSMAN, KENNETH** ☐ Delete
STREET ADDRESS **220 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE
NAME **D KINDRED, JOHN M** ☒ Delete
STREET ADDRESS **243 KENLYN ROAD**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE
NAME **D TRUMPLER, RICHARD P.** ☐ Delete
STREET ADDRESS **2 N. TAMAMI TRAIL, 10TH FLOOR**
CITY-ST-ZIP **SARASOTA FL**

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

TITLE
NAME **D JEROME, ROBERT F** ☐ Delete
STREET ADDRESS **4251 CASPER COURT**
CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE
NAME **D KOZUCH, STEPHEN M** ☐ Delete
STREET ADDRESS **550 SANCTUARY POINT**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE
NAME ☐ Change ☐ Addition
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

2/16/01

Date

561-653-3113

Daytime Phone #

CR2E034 (10/00)