

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043112

1. Entity Name

BANKSIDE SERVICES (AMERICAS), INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90266 017 ***150.00

Principal Place of Business

ONE ALHAMBRA PLAZA
1405
CORAL GABLES FL 33134

Mailing Address

ONE ALHAMBRA PLAZA
1405
CORAL GABLES FL 33134-5227

2. Principal Place of Business

88 LEADENHALL STREET

Suite, Apt. #, etc.

City & State

LONDON

Zip

EC3A 3BP

Country

ENGLAND

3. Mailing Address

88 LEADENHALL STREET

Suite, Apt. #, etc.

City & State

LONDON

Zip

EC3A 3BP

Country

ENGLAND



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0836143

Applied For

Not Applicable

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

GIBBS, THOMAS E
50 N LAURA STREET SUITE 2800
JACKSONVILLE FL 32202

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

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JOHN M	
STREET ADDRESS	JESTERS, 91 KIPPINGTON ROAD, SEVENOAKS	
CITY-ST-ZIP	KENT TN13 2LW ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROVE, PETER E	
STREET ADDRESS	BEAUFORD HOUSE 15 ST BOTOLPH STREET	
CITY-ST-ZIP	LONDON EC3A 7PA ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, RICHARD G	
STREET ADDRESS	BEAUFORD HOUSE 15 ST BOTOLPH STREET	
CITY-ST-ZIP	LONDON EC3A 7PA ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTCHER, TIMOTHY R	
STREET ADDRESS	DUNDROD, ST. GEORGES AVENUE WEYBRIDGE	
CITY-ST-ZIP	SURRY KT13 ODA ENGLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 #

12/4/2000

CR2E034 (9/99)