

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90175 037 ***150.00

DOCUMENT # P98000053890

1. Entity Name
SALEM TRUST COMPANY

Principal Place of Business
201 E KENNEDY BLVD.
SUITE 1516
TAMPA FL 33602

Mailing Address
201 E KENNEDY BLVD.
SUITE 1516
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4890 West Kennedy Boulevard

3. Mailing Address
SAME AS PRINCIPAL PLACE

Suite, Apt. #, etc.
Suite # 160

Suite, Apt. #, etc.
OF BUSINESS

City & State
Tampa Florida

City & State

4. FEI Number
56-2075834

Applied For
 Not Applicable

Zip Country
33609 Hillsborough

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

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, 2002 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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **MURRAY, THOMAS W**
 CITY-ST-ZIP **3823 WESTCHESTER RD**
DURHAM NC 27707

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **RINSEM, BRADLEY K**
 CITY-ST-ZIP **575 JEFFERSON DR., #110**
DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete
 NAME **VDS**
 STREET ADDRESS **STOLLER, LETA B**
 CITY-ST-ZIP **4750 DOLPHIN CAY LANE S., #307**
ST. PETERSBURG FL 33711

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **EDWARDS, LESTER W JR.**
 CITY-ST-ZIP **5001 BROOKHAVEN DR.**
RALEIGH NC 27612

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **DARR, ROBERT A**
 CITY-ST-ZIP **3308 WEST KNIGHTS AVE.**
TAMPA FL 33611

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bradley K. Rinsem

Bradley K. Rinsem, Pres. & CEO

4/12/02

954-426-5772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)