

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000100292**

1. Entity Name

INVESTMENT TRUST COMPANY OF FLORIDA, INC.**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90132 050 ***150.00

Principal Place of Business

Mailing Address

**2714 REW CIRCLE, SUITE 200
OCOE FL 34761****2714 REW CIRCLE, SUITE 200
OCOE FL 34761-2990**

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

59-3545426

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****CHAMBERLAIN, PETER L
2714 REW CIRCLE, SUITE 200
OCOE FL 34761**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CHAMBERLAIN, PETER L	2714 REID CIR STE 100	OCOE FL 34761	<input type="checkbox"/>
D	JORDAN WOLF, PAMELA	2926 HAWTHORNE ROAD	TAMPA FL 33611	<input type="checkbox"/>
D	WOLF, THOMAS G	2926 HAWTHORNE ROAD	TAMPA FL 33611	<input type="checkbox"/>
D	MORALES, EILEEN Z	6415 MACLAURIN DRIVE	TAMPA FL 33647	<input type="checkbox"/>
D	SCOTT, SUSAN V	1615 BARCELONA WAY	WINTER PARK FL 32789	<input type="checkbox"/>
D	BRITTON, FREDERICK O	1661 LAUREL ROAD	WINTER PARK FL 32789	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

4-20-00 656-8787

CR2E034 (9/99)