

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58390

1. Entity Name

FIDUCIARY HOLDINGS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90120 011 \*\*\*150.00

Principal Place of Business

902 CLINT MOORE RD., STE 220  
CONGRESS CORPORATE PLAZA  
BOCA RATON FL 33487  
US

Mailing Address

902 CLINT MOORE RD., STE 220  
CONGRESS CORPORATE PLAZA  
BOCA RATON FL 33487-2846  
US

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

65-0271802

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

CONWAY, STEPHEN P.  
CONGRESS CORPORATE PLAZA  
SUITE 220  
BOCA RATON FL 33487

Name

David N. Bottoms Jr.

Street Address (P.O. Box Number is Not Acceptable)

902 Clint Moore Rd Suite 220

City

Boca Raton

FL

Zip Code

33487-2846

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 VP ☐ Delete  
NAME CONWAY, STEPHEN P.  
STREET ADDRESS 902 CLINT MOORE ROAD, SUITE 220  
CITY-ST-ZIP BOCA RATON FL

TITLE AS ☐ Change ☒ Addition  
NAME Ann Costello  
STREET ADDRESS 902 Clint Moore Rd Suite 220  
CITY-ST-ZIP Boca Raton, FL 33487-2846

TITLE P ☐ Delete  
NAME BOTTOMS, DAVID N JR.  
STREET ADDRESS 902 CLINT MOORE RD. SUITE 220  
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)