

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90099 050 ***150.00

DOCUMENT # S61534

1. Entity Name

U.S. TRUST COMPANY OF FLORIDA SAVINGS BANK

Principal Place of Business

Mailing Address

**132 ROYAL PALM WAY
PALM BEACH FL 33480****132 ROYAL PALM WAY
PALM BEACH FL 33480-4254**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0268073

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

NONE REQUIRED

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CALLAWAY, TROWBRIDGE, III
132 ROYAL PALM WAY
PALM BEACH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
Charles J Frankel, III
280 East Palmetto Park Road
Boca Raton FL** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CHMIEL, FELIX J.
132 ROYAL PALM WAY
PALM BEACH FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Regional President
Richard G Mc Dermott, Jr
3055 Cardinal Drive
Vero Beach, FL 32963** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LICKLE, GARRISON D.
777 S. FLAGLER DR., SUITE 500
WEST PALM BEACH FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Regional President
Carl A Harnish
765 Seagate Drive
Naples, FL 34103** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAHE, MARIBETH S.
114 W-47TH ST
NEW YORK NY 10036** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Howard E N Wilson
100 West Lancaster Ave
Wayne, PA 19087** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCNAMARA, GERALDINE M.
114 WEST 47TH ST.
NEW YORK NY** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WEST, THURLOW A.
132 ROYAL PALM WAY
PALM BEACH FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

Trowbridge Callaway, III 1/14/00 861 653 5940