

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S61534**

1. Entity Name
U.S. TRUST COMPANY OF FLORIDA SAVINGS BANK



Principal Place of Business
**132 ROYAL PALM WAY
PALM BEACH FL 33480**

Mailing Address
**132 ROYAL PALM WAY
ATTN: EILEEN DALY
PALM BEACH FL 33480**

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 **65-0268073**

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

Name

Eileen Daly

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

132 Royal Palm Way

City

Palm Beach

FL

Zip Code
33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Eileen Daly, Corporate Secretary**

(NOTE: Registered Agent signature required when reinstating)

04/22/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Charles J. Frankel 280 E. Palmetto Park Road Boca Raton, FL 33432 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCDERMOTT, RICHARD G JR. 3055 CARDINAL DR. VERO BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D James Johannsen 765 Seagate Drive Naples, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LICKLE, GARRISON D. 132 ROYAL PALM WAY PALM BEACH FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Howard E.N. Wilson 100 West Lancaster Ave. Wayne, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAHE, MARIBETH S. 114 W-47TH ST NEW YORK NY 10036 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Eileen Daly 132 Royal Palm Way Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCNAMARA, GERALDINE M. 114 WEST 47TH ST. NEW YORK NY <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HARNISH, CARL A 765 SEAGATE DRIVE NAPLES FL <input checked="" type="checkbox"/> Delete | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Eileen Daly**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/03 (561) 659-1550
Date Daytime Phone #

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90399 032 ***150.00



☒ CHECK HERE IF MAKING CHANGES

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CR2E034 (10/02)