

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88911

1. Entity Name

RAYMOND JAMES TRUST COMPANY

APPROVED
AND
FILED

00 APR -5 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ONE PROGRESS PLAZA SUITE 150 ST. PETERSBURG FL 33701 US	Mailing Address 880 CARILLON PKWY. P.O. BOX 12749 ST. PETE. FL 32733 US
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2. Principal Place of Business 880 Carillon Parkway	3. Mailing Address
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Suite, Apt. #, etc. P.O. Box 12749	Suite, Apt. #, etc.
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City & State St. Petersburg FL	City & State FL 33733-2749
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Zip	Country	Zip	Country
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04-05-2000--90060 03L-150

4. FEI Number 59-3126074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

NOT REQUIRED PURSUANT TO FLORIDA STATUTE CHAPTER 607.0501(2)

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESS, DAVID E ONE PROGRESS PLAZA STE 150 ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 710 Carillon Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIEN, JEFFREY 880 CARILLON PARKWAY ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JULIEN, JEFFREY P.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCHBAUM, LOUIS 880 CARILLON PARKWAY ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIPPENGER, LYNN 880 CARILLON PKWY ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESS DAVID E. ONE PROGRESS PLAZA STE 150 ST. PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 710 Carillon Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREMAINE, THOMAS R 880 CARILLON PKWY ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Jeffrey P. Julien Jeffrey P. Julien 3/20/00 727-573-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)