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

04-05-2000--90060 031-150

Principal Place of Business	Mailing Address
ONE PROGRESS PLAZA SUITE 150 ST. PETERSBURG FL 33701 US	880 CARILLON PKWY. P.O. BOX 12749 ST. PETE. FL 32733 US

2. Principal Place of Business	3. Mailing Address
880 Carillon Parkway	
Suite, Apt. #, etc. P.O. Box 12749	Suite, Apt. #, etc.
City & State St. Petersburg	City & State FL 33733-2749
Zip / Country	Zip / Country

4. FEI Number 59-3126074 — ☐ 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
NOT REQUIRED PURSUANT TO FLORIDA STATUTE CHAPTER 607.0501(2)	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: P NAME: NESS, DAVID E STREET ADDRESS: ~~ONE PROGRESS PLAZA STE 150~~ CITY-ST-ZIP: ST. PETERSBURG FL ☐ Delete	TITLE NAME STREET ADDRESS: 710 Carillon Parkway CITY-ST-ZIP ☒ Change ☐ Addition
TITLE: D NAME: JULIEN, JEFFREY STREET ADDRESS: 880 CARILLON PARKWAY CITY-ST-ZIP: ST. PETERSBURG FL ☐ Delete	TITLE NAME: JULIEN, JEFFREY P. STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
TITLE: D NAME: KIRSCHBAUM, LOUIS STREET ADDRESS: 880 CARILLON PARKWAY CITY-ST-ZIP: ST. PETERSBURG FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: S NAME: PIPPENGER, LYNN STREET ADDRESS: 880 CARILLON PKWY CITY-ST-ZIP: ST PETERSBURG FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: NESS DAVID E. STREET ADDRESS: ~~ONE PROGRESS PLAZA STE 150~~ CITY-ST-ZIP: ST. PETERSBURG FL ☐ Delete	TITLE NAME STREET ADDRESS: 710 Carillon Parkway CITY-ST-ZIP ☒ Change ☐ Addition
TITLE: T NAME: TREMAINE, THOMAS R STREET ADDRESS: 880 CARILLON PKWY CITY-ST-ZIP: ST PETERSBURG FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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: J 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 #