

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90218 027 \*\*\*150.00

**DOCUMENT # S88911**

1. Entity Name

**RAYMOND JAMES TRUST COMPANY**

**LUU19474**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br>880 CARILLON PARKWAY<br>P.O. BOX 12749<br>ST. PETERSBURG FL 33733-2749<br>US | Mailing Address<br>880 CARILLON PARKWAY<br>P.O. BOX 12749<br>ST. PETERSBURG FL 33733-2749<br>US |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-3126074</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**NOT REQUIRED PURSUANT TO FLORIDA STATUTE CHAPTER 607.0501(2) FL**

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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                  |  |
|---|--|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>NESS, DAVID E</b><br><b>710 CARILLON PARKWAY</b><br><b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete            |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>JULIEN, JEFFREY P</b><br><b>880 CARILLON PARKWAY</b><br><b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete        |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>KIRSCHBAUM, LOUIS</b><br><b>880 CARILLON PARKWAY</b><br><b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete        |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S</b><br><b>PIPPENGER, LYNN</b><br><b>880 CARILLON PKWY</b><br><b>ST PETERSBURG FL</b> <input type="checkbox"/> Delete              |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>NESS, DAVID E</b><br><b>710 CARILLON PARKWAY</b><br><b>ST. PETERSBURG FL 33733-2749</b> <input type="checkbox"/> Delete |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>TREMAINE, THOMAS R</b><br><b>880 CARILLON PKWY</b><br><b>ST PETERSBURG FL</b> <input type="checkbox"/> Delete           |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input 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** **JAN 29 2001** **727-573-3800**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)