2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

S88911 DOCUMENT

1. Entity Name

Principal Place of Business

RAYMOND JAMES TRUST COMPANY

GOD WE THE

FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90143 016 ***150.00



US 2. Prenciped Place of Bus ness 3. Mailing Address Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc. City & State City & State Country 2. Country 2. Country 3. Certificate of States Desirted 59-3126074 Application 59-375 Additional Fee Required To Ruddland Statutie CHAPTER 607.0501(2) FL City FL City FL Zip Code 8. The above named entity submits fish statement for the purpose of changing its registered office or registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. I am itemiliar with, and accept the obligations of registered apent, or both, in the State of Florids. FL ROWING Florids	P.O. BOX 1274	9	2740	880 CARILLON PARKWAY P.O. BOX 12749								Š 11 2121 4424 4	.ė., s.e., .e.,
Sudo, Apt. 9, etc. Sulfe, Apt. 9, etc. City & State Country Country Surfer, Address of Country Surfer, Address of Country Surfer, Address of Status December Sea 7,75 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) FL City City City City FL Zip Code Signature Signature Signature Signature Signature Signature City FL Zip Code City FL Zip Code Signature City FL Zip Code Signature Signature S	ST. PETERSBURG FL 33733-2749			ST. PETERSBURG FL 33733-2749									
City & State												dii eren dibil d	
Typ Country Zip Country 5. Country 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name and Address of New Registered Agen	Suite, Apt. #, etc.			Suite, Apt. #, etc.					. CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required S. Certificate of Status Desired Fee Required Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	City & State	9		City & State				4.	FEI Num	^{ber} 59-3126074			·
NOT REQUIRED PURSUANT TO FLORIDA STATUTE CHAPTER 607.0501(2) FL City FL City FL Zip Code State Fl Zip Code City FL Zip Code Code City FL Zip Code City City FL Zip Code City City FL Zip Code City Ci	Zip	ip Country			Zip Count			5. Certificate of Status Desired					
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City		6. Name	and Address of Current	Registered	l Agent			7.	Name ar	nd Address of New Re	egistered .	Agent	
TO FLORIDA STATUTE CHAPTER 607.0501(2) FL City 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. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. FILE NOW!! FLE IS \$150.00 FILE NOW!! FLE IS \$150.00 FILE NOW! FLE IS \$150.00 FILE NOW	•		-		**-		Name						
TO FLORIDA STATUTE CHAPTER 607.0501(2) FL City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWI!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NOW. PALSHALION PARKWAY STREET ADDRESS TO CARRILLON PARKWAY STREET ADDRESS STREET						F	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 define or registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and steel applicable. (NOTE Registered Agent agretium registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent. In the Orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the orbigations of the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida agent with in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida agent with in the State of Florida. I am familiar with, and accept the state of Florida agent with in the State of Florida agent	to florii	da statut	Ε										
B. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature	CHAPTER (607.0501(2)	FL										
THE Obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME NESS, DAVID E STREET ADDRESS CITY-ST-2P TITLE D ULLEN, JEFFREY P 880 CARILLON PARKWAY STREET ADDRESS STREET ADDR							City			·	FL	Zip Cod	le
SIGNATURE Signatura, typerd or printed name of registered agent and title if applicable. (ROTE Registered Agent signature required when re-restating) DATE				the purpos	se of changing its re	egistered	office or	registered ag	gent, or b	oth, in the State of Flor	ida. Lam	familiar with,	and accept
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	the obligati	ons of registe	ered agent.										
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE												
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.		Signature, typed o	or printed name of registered agent a	nd title if applic	able. (NOTE:	Registered A	gent signati	ure required when re	einstating)		DATE		
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD NAME STREET ADDRESS CITY-S1-2IP STREET ADDRESS ST. PETERSBURG FL UILEN, JEFFREY P STREET ADDRESS ST. PETERSBURG FL UILEN, JEFFREY P STREET ADDRESS ST. PETERSBURG FL UILEN STREET ADDRESS STREET A	FI	LE NOW!!!	FEE IS \$150.00							_			
Make Check Payable to Florida Department of State 10.				4							_		
PD	Make Check	Payable to	Florida Department of	State					'	rast i ana communitarion		Added	J to Fees
NAME STREET ADDRESS CITY-ST-ZIP NESS, DAVID E 710 CARILLON PARKWAY STREET ADDRESS ST. PETERSBURG FL D JULIEN, JEFFREY P 880 CARILLON PARKWAY STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP STREET ADDRESS STREET ADD	10.		OFFICERS AND I	DIRECTOR	S	11.		AC	DITIONS	S/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11
TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP D Delete Delete STREET ADDRESS CITY-ST-ZIP D DELET DO DELET DOBESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition PARKWAY STREET ADDRESS CITY-ST-ZIP STREET ADDRESS					Delete	TITLE						☐ Change	☐ Addition
ST. PETERSBURG FL CITY-ST-ZIP DULEN, JEFFREY P 880 CARILLON PARKWAY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST. PETERSBURG FL TITLE NAME STREET ADDRESS ST. PETERSBURG FL TITLE NAME STREET ADDRESS ST. PETERSBURG FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP S													
D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS S													
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADD	+		BUNG FL			UIIY-S	I - ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE D CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE D CHange XX Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME NESS, DAVID E THE NAME STREET ADDRESS CITY-ST-ZIP TITLE T NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R STREET ADDRESS S	l'	_	FEREN D		Delete							Change	☐ Addition
CITY-SI-ZIP ST. PETERSBURG FL CITY ST-ZIP TITLE D NAME STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP STREET ADDRESS S						1	ADDECC						
TITLE D Delete TITLE NAME KIRSCHBAUM, LOUIS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL TITLE S D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE S D Change XX Addition NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE D CARILLON PKWY STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE STREET ADDRESS CITY-ST-ZIP TITLE D CHANGE Addition NESS, DAVID E STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREMAINE, THOMAS R STREET ADDRESS ST													}
NAME STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL TITLE SNAME PALSHA, GRACE M STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE			DONG 1 L		☐ Doloto				-				[Addition
STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL STREET ADDRESS CITY-ST-ZIP TITLE S	13	~	IMCLOUIS		Delete							,	Addition
TITLE SAME PALSHA, GRACE M 880 CARILLON PKWY SAINT PETERSBURG FL 33716 TITLE D NAME NAME NESS, DAVID E STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33733-2749 TITLE T TREMAINE, THOMAS R STREET ADDRESS STREET ADDRES						STREET	ADDRESS						
PALSHA, GRACE M 880 CARILLON PKWY SAINT PETERSBURG FL 33716 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R 880 Carillon Pkwy. STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R 880 Carillon Pkwy. STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R 880 Carillon Pkwy. STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R 880 Carillon Pkwy. STREET ADDRESS	CITY-ST-ZIP	ST. PETERS	BURG FL			CITY-ST	-ZIP						
STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33716 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R STREET ADDRESS ST	TITLE	S			Delete	TITLE		S				Change	XX Addition
CITY-ST-ZIP SAINT PETERSBURG FL 33716 CITY-ST-ZIP St. Petersburg, FL 33716 TITLE D STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33733-2749 TITLE T STREET ADDRESS CITY-ST-ZIP TREMAINE, THOMAS R STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TREMAINE, THOMAS R STREET ADDRESS ST						NAME		Donna L	L. Wi	lson			
TITLE NAME NESS, DAVID E STREET ADDRESS CITY-ST-ZIP TITLE T TREMAINE, THOMAS R STREET ADDRESS												,	
NAME STREET ADDRESS TO CARILLON PARKWAY STREET ADDRESS ST. PETERSBURG FL 33733-2749 TITLE TREMAINE, THOMAS R STREET ADDRESS S			:HSBURG FL 33/16			CITY-ST	- ZIP		tersb	urg, FL 3371	L6		
STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33733-2749 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33733-2749 TITLE TREMAINE, THOMAS R STREET ADDRESS STR	I-	-	D. C.		🔀 Delete	1		1,				Change	☐ Addition
CITY-ST-ZIP ST. PETERSBURG FL 33733-2749 TITLE T TREMAINE, THOMAS R STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE T CITY-ST-ZIP TITLE T CITY-ST-ZIP TITLE T CHange (X) Addition NAME Richard B. Franz, II STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS ROCARILLON PKWY							ADDRESS						ı
TITLE T Delete TITLE T Change (X) Addition NAME TREMAINE, THOMAS R STREET ADDRESS 880 CARILLON PKWY TREMAINE, THOMAS R STREET ADDRESS STREET ADDRESS 880 Carillon Pkwy.	l-												
NAME TREMAINE, THOMAS R STREET ADDRESS NAME Richard B. Franz, II STREET ADDRESS 880 CARILLON PKWY 880 CARILLON PKWY		<u></u> [V Delete	1		Т				Change	X Addition
STREET ADDRESS 880 CARILLON PKWY STREET ADDRESS 880 Carillon Pkwy.	I.	TREMAINE	THOMAS R		X1 Delete			Richard	d R	Franz II			MAT VOUIDIN
CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP St. Petersburg, FL 33716							ADDRESS						1
	CITY-ST-ZIP	ST PETERS!	BURG FL			CITY-ST	- ZIP	St. Pet	tersh	ura <u>.</u> El 3371	6		

12. I hereby certify that the information supplied with this filling 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.

DUCKTETINGS BETTER Richard B. Franz, II MAR 20 2003 SIGNATURE:

727-567-3800