

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

03-26-2003 90143 016 ***150.00

DOCUMENT # S88911

1. Entity Name
RAYMOND JAMES TRUST COMPANY



Principal Place of Business
**880 CARILLON PARKWAY
P.O. BOX 12749
ST. PETERSBURG FL 33733-2749
US**

Mailing Address
**880 CARILLON PARKWAY
P.O. BOX 12749
ST. PETERSBURG FL 33733-2749
US**

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 **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) FL**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	NESS, DAVID E	
STREET ADDRESS	710 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JULIEN, JEFFREY P	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRSCHBAUM, LOUIS	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PALSHA, GRACE M	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NESS, DAVID E	
STREET ADDRESS	710 CARILLON PARKWAY	
CITY-ST-ZIP	ST. PETERSBURG FL 33733-2749	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TREMAINE, THOMAS R	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna L. Wilson	
STREET ADDRESS	880 Carillon Pkwy.	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard B. Franz, II	
STREET ADDRESS	880 Carillon Pkwy.	
CITY-ST-ZIP	St. Petersburg, FL 33716	

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: Richard B. Franz, II **Richard B. Franz, II** **MAR 20 2003** **727-567-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)