

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97114

1. Entity Name
FLORIDATRUST FINANCIAL CORP.

FILED

00 FEB 28 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
506 HAVERHILL LN 506 HAVERHILL LN
SAFTY HARBOR FL 34695 SAFETY HARBOR FL 34695-4435
US US

2. Principal Place of Business 3. Mailing Address
1100 Cleveland St. *1100 Cleveland St.*
Suite, Apt. #, etc. Suite, Apt. #, etc.
906 *906*

City & State City & State
Clearwater, FL *Clearwater, FL*
Zip Country Zip Country
33755 *Pinellas* *33755* *Pinellas*

4. FEI Number **59-3546863** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, DAVID L.
508 HAVERHILL LANE
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent
Name **BROWN, DAVID L**
Street Address (P.O. Box Number is Not Acceptable)
1100 Cleveland St.
Suite #906
City *Clearwater* FL Zip Code *33755*

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 *David L Brown, Owner/President* DATE *1-6-2000*
Signature typed or printed name of registered agent and so on if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DAVID L 506 HAVERHILL LN SAFETY HARBOR FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DTSC DAVID L BROWN 1100 Cleveland St./Suite #906 Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSC BROWN, DAVID L 506 HAVERHILL LN SAFETY HARBOR FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *David L Brown* **DAVID L BROWN** DATE *1-6-2000* (727) 466-6631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)