

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90285 020 ***150.00

DOCUMENT # V51239

1. Entity Name
FIRST SECURITY TRUST COMPANY

Principal Place of Business ALHAMBRA PLAZA . #100 CORAL GABLES FL 33134	Mailing Address 1 ALHAMBRA PLAZA . COLUMBUS CTR #100 CORAL GABLES FL 33134-5220 US
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2. Principal Place of Business 550 Biltmore Way, Ste. 570 Suite, Apt. #, etc.	3. Mailing Address 2000 PGA Boulevard Suite, Apt. #, etc. Ste. 3200
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City & State Coral Gables, FL	City & State Palm Beach Gardens, FL	4. FEI Number 65-1221804	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country USA	Zip 33405	Country USA

6. Name and Address of Current Registered Agent	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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, DARRELL 1 ALHAMBRA PLAZA, COLUMBUS CNTR #100 CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wells, Darrell 550 Biltmore Way, Ste.570 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORSCH, WARREN III 2000 PGE BLVD STE B 200 PALM BEACH GARDENS FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, G E JR 2628 ALAMANDA CT FT LAUDERDALE FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILEY, FRANK T 4350 BROWNSBORO ROAD S-310 LOUISVILLE KY 40207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEEN, S R 630 OCEAN DRIVE APT 501 JUNO BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 4/26/00 **4/26/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)