

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51239

1. Entity Name
FIRST SECURITY TRUST COMPANY

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91112 027 ***150.00

Principal Place of Business

**550 BILTMORE WAY
STE 570
CORAL GABLES FL 33134
US**

Mailing Address

**2000 PGA BLVD
STE 3200
PALM BEACH GARDENS FL 33405
US**

2. Principal Place of Business

11760 US Highway One

Suite, Apt. #, etc.

102

City & State

North Palm Beach, FL

Zip
33408

Country
USA

3. Mailing Address

11760 US Highway One

Suite, Apt. #, etc.

102

City & State

North Palm Beach, FL

Zip
33408

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1221804**

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

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WELLS, DARRELL**
STREET ADDRESS **550 BILTMORE WAY STE 570**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
NAME **11760 U.S. Highway One, Suite 102**
STREET ADDRESS **North Palm Beach, FL 33408**
CITY-ST-ZIP

TITLE **DP** ☒ Delete
NAME **BORSCH, WARREN III**
STREET ADDRESS **2000 PGE BLVD STE B 200**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33408**

TITLE ☐ Change ☒ Addition
NAME **Stanley A. Rourke**
STREET ADDRESS **4350 Brownsboro Road, Suite 310**
CITY-ST-ZIP **Louisville, KY 40207**

TITLE **D** ☐ Delete
NAME **HAMILTON, G E JR**
STREET ADDRESS **2628 ALAMANDA CT**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KILEY, FRANK T**
STREET ADDRESS **4350 BROWNSBORO ROAD S-310**
CITY-ST-ZIP **LOUISVILLE KY 40207**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHEEN, S R**
STREET ADDRESS **630 OCEAN DRIVE APT 501**
CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE ☒ Change ☐ Addition
NAME **Village of Golf**
STREET ADDRESS **27 Country Road**
CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley A. Rourke

Date

Daytime Phone #

4/24/01 (502) 893-4091

CR2E034 (10/00)