

**STATE OF FLORIDA
ANNUAL REPORT OF PROPERTY PRESUMED ABANDONED**

MAIL TO:

PURSUANT TO THE FLORIDA DISPOSITION OF UNCLAIMED PROPERTY
CHAPTER 717, FLORIDA STATUTES

State of Florida
Department of Financial Services
Bureau of Unclaimed Property
P O Box 6350
Tallahassee, FL 32314-6350
(850)413-5522

Covering UNCLAIMED ITEMS as of December 31, _____

Holder Number (From DFS-UP-111 Cover Sheet) _____

Federal Tax Identification Number (FEIN) _____

CASH AMOUNT REPORTED	NAME and LAST KNOWN ADDRESS (Street, City & State) date of birth of owner(s) including all joint/alternate owners, beneficiaries, and relationship LAST NAME FIRST	SSN/FEIN OF OWNER	PROPERTY TYPE CODE	DATE OF LAST TRANS- ACTION	ACCOUNT/ CHECK NUMBER

\$ _____ **PAGE TOTAL**