

DOCUMENT # 454595

1. Entity Name

SUNNILAND BANK

Principal Place of Business

Mailing Address

424 WEST SUNRISE BLVD.  
FT. LAUDERDALE FL 33311-6211

424 WEST SUNRISE BLVD.  
FT. LAUDERDALE FL 33311-6211

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

59-1548423

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

BOWDEN, DONALD  
424 W. SUNRISE BLVD.  
FORT LAUDERDALE FL 33311

Name **RICHARD M. LATHAM PRES**

Street Address (P.O. Box Number is Not Acceptable)

**SAME**

City

\*\*\*\*150.FL

Zip Code 150.00

B. 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

*Richard M. Latham* PRES.

PRES.

3-02-00

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, 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	DC	<input checked="" type="checkbox"/> Delete
NAME	MCLAUGHLIN, JAMES M	
STREET ADDRESS	10751 NW 16TH CT	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HENSLER, RAYMOND	
STREET ADDRESS	708 SE 6TH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BOWDEN, DONALD L	
STREET ADDRESS	509 N RIDGEWOOD DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENSLER, RAYMOND	
STREET ADDRESS	10751 NW 16TH CT.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRITT, DUNCAN	
STREET ADDRESS	10127 N.W. 70TH STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICKIE LEONARD	
STREET ADDRESS	424 W SWNBISE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT GIORDANO	
STREET ADDRESS	4844 SE PILOT WAY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	DL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDALL LIEBIG	
STREET ADDRESS	4411 NE 17TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHERINE STEPHENS	
STREET ADDRESS	1001 SE 6TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN MORRELL	
STREET ADDRESS	259 N.W 90TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD M LATHAM	
STREET ADDRESS	4714 NW 5TH COURT	
CITY-ST-ZIP	PLANTATION FL 33317	

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:

*V.C. Giordano* V.C. GIORDANO

1-13-00

954-764-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 27 PM 4:23

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DO NOT WRITE IN THIS SPACE

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AD