

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90160 033 ***150.00

DOCUMENT # J83030

1. Entity Name

POINTE BANK

Principal Place of Business

Mailing Address

21845 POWERLINE ROAD
 BOCA RATON FL 33433

21845 POWERLINE ROAD
 BOCA RATON FL 33433-7896
 US

80004032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0031869**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

PALMER, CARL R JR
21845 POWERLINE ROAD
BOCA RATON FL 33433-7852

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

4/28/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, R. CARL JR	NAME	
STREET ADDRESS	21845 POWERLINE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSRY, MORRIS	NAME	
STREET ADDRESS	EXEC. PARK N, STUYVESANT	STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSIN, ROBERTO	NAME	
STREET ADDRESS	21845 POWERLINE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINN, TIMOTHY	NAME	
STREET ADDRESS	21845 POWERLINE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, STEVEN	NAME	
STREET ADDRESS	21845 POWERLINE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD, D. RICHARD J R	NAME	
STREET ADDRESS	21845 POWERLINE ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	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

4-28-2000

Date

561.361-1622

Daytime Phone #

CR2E034 (9/99)

J83030
A0054032

BLOCK 12 - ADDITIONAL DIRECTOR/OFFICER INFORMATION:

TITLE	D	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	PARKER D. THOMSON		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	SV	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	BEVERLY CHAMBERS		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	VT	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	BRADLEY R MEREDITH		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	V	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	MARK L. PARKER		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		