

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90138 048 \*\*\*150.00

**DOCUMENT # J83030**

1. Entity Name  
**POINTE BANK**

Principal Place of Business  
**21845 POWERLINE ROAD**  
**BOCA RATON FL 33433**

Mailing Address  
**21845 POWERLINE ROAD**  
**BOCA RATON FL 33433**  
**US**

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 **65-0031869**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



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**

**PALMER, R. CARL JR**

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

**R. Carl Palmer, Jr.**

**04/29/02**

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, 2002 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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>PALMER, R. CARL JR</b>	
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>MASSRY, MORRIS</b>	
STREET ADDRESS	<b>EXEC. PARK N, STUYVESANT</b>	
CITY-ST-ZIP	<b>ALBANY NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KASSIN, CLARITA</b>	
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCGINN, TIMOTHY</b>	
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ELIAS, STEVEN</b>	
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEAD, D. RICHARD J R</b>	
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DVC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS MASSRY</b>	
STREET ADDRESS	<b>21845 Powerline Road</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGINN, TIMOTHY</b>	
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEAD, D. RICHARD JR</b>	
STREET ADDRESS	<b>21845 POWERLINE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	

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:

**R. Carl Palmer, Jr.**

**04/29/02**

**(561) 361-1600**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

**2002 Uniform Business Report (UBR)**

**Attachment**

Document #

**J83030**

*1053053*

Pointe Bank

Item 11: Additional Officers and Directors

Title	D
Name	Thomson, Parker
Street, Address	21845 Powerline Road
City - ST -ZIP	Boca Raton, FL 33433

Title	EVS
Name	Murphy-Engler, Jean
Street, Address	21845 Powerline Road
City - ST -ZIP	Boca Raton, FL 33433

Title	VT
Name	Meredith, Bradley R.
Street, Address	21845 Powerline Road
City - ST -ZIP	Boca Raton, FL 33433