

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

01-16-2003 90090 033 ***105.00
03-03-2003 90958 021 ****45.00

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1. Entity Name
RIVERSIDE BANK OF CENTRAL FLORIDA



Principal Place of Business
401 S SEMORAN BLVD
WINTER PARK FL

Mailing Address
401 S SEMORAN BLVD
WINTER PARK FL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3745455

☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D	CHALIFOUX, WAYNE D	870 CYNTHIANA CIR ALTAMONTE SPRINGS FL 32701	☐
	D	CREAMER, JAMES EDWARD JR	4229 WICKS BRANCH RD ST AUGUSTINE FL 32086	☒
	D	DUNCAN, ROBERT W	1120 BELLAIRE CIR ORLANDO FL 32084	☐
	D	KOVALESKI, CHARLES J	4120 GABRIELLA LANE WINTER PARK FL 32792	☐
	D	MCCORMICK, NAN B	1310 CHICHESTER ST ORLANDO FL 34803	☐
	D	PETRONE, KATHY S	309 HEATHERWOOD CT WINTER SPRINGS FL 32708	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	President & CEO	Colon A Terrell Jr	12035 Summer Springs Lakes Drive Orlando, Florida 32825	☐	☒
				☐	☐
				☐	☐
				☐	☐

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)