2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90115 007 ***150.00

DOCUMENT # P95000041723

1. Entity Name

COMMUNITY BANK OF MANATEE

Principal Place of Business	Mailing Address
SR 70 EAST FL 34203	6000 SR 70 EAST BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE

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 59-3324560 ☐ 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
COOK, MARTHA J., P.A. 100 N. TAMPA STREET SUITE 2100 TAMPA FL 33602	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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, DENISE L M.D. 1000 RIDERSIDE DR. PALMETTO FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, DUANE L 11408 UPPER MANATEE RIVER RD BRADENTON, FLORIDA 34202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, CHARLES M 3703 RIVERVIEW BLVD. WEST BRADENTON FL 34205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHERMER, KENNETH L M.D. 5839 LOS VERDES CT BRADENTON, FLORIDA 34210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGHARDT, BRIAN D 4802 64TH DRIVE WEST BRADENTON FL 34210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPRENGER, THOMAS R M.D. 8221 DESOTO MEMORIAL HWY NW BRADENTON, FLORIDA 34209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGHARDT, PHILLIP L 4712 64TH DRIVE WEST BRADENTON FL 34210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SEDGEMAN, WILLIAM H JR 3404 SHADOWOOD DR VALRICO, FLORIDA 33594	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOWNS, THOMAS S 2015 79TH ST. N.W. BRADENTON FL 34209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Mould, Patricia M 1944 FAIRVIEW DR ENGLEWOOD, FLORIDA 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWZE, THOMAS A 1620 99TH ST. N.W. BRADENTON FL 34209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, DENISE L M.D. 3703 RIVERVIEW BLVD W BRADENTON, FLORIDA 34205	☒ Change ☐ Addition

CR2E034 (9/99)

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 REQUIRED 2/2/00 941-756-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #