

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90107 043 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000083351

1. Entity Name
EDISON BANCSHARES, INC.

Principal Place of Business **Mailing Address**
13000 S CLEVELAND AVE **P O BOX 61399**
FT MYERS FL 33907 **FORT MYERS FL 33906-1399**
US **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 **65-0705508** **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

ROEPSTORFF, GEOFFREY W
13000 S CLEVELAND AVE
FT MYERS FL 33907

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 **Geoffrey W. Roepstorff, President** **03/20/00**
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	CD	☐ Delete
NAME	BROWN, DAVID C DR.	
STREET ADDRESS	1195 CALOOSA DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	☐ Delete
NAME	CASE, THOMAS D JR	
STREET ADDRESS	15481 KILMARNOCK DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	☐ Delete
NAME	DOSORETZ, DANIEL E DR.	
STREET ADDRESS	13221 PONDEROSA LANE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	VCD	☐ Delete
NAME	DUVALL, DAVID M	
STREET ADDRESS	1436 BRANDYWINE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	PD	☐ Delete
NAME	ROEPSTORFF, GEOFFREY W	
STREET ADDRESS	9416 ARUM COURT	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	STD	☐ Delete
NAME	ROEPSTORFF, ROBBIE B	
STREET ADDRESS	9416 ARUM COURT	
CITY-ST-ZIP	SANIBEL FL 33957	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	CASE, THOMAS D JR	
STREET ADDRESS	13451 McGregor Boulevard, Suite 29	
CITY-ST-ZIP	Fort Myers FL 33919	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	☒ Change ☐ Addition
NAME	ROEPSTORFF, GEOFFREY W	
STREET ADDRESS	1287 Isabel Drive	
CITY-ST-ZIP	Sanibel FL 33957	
TITLE	STD	☒ Change ☐ Addition
NAME	ROEPSTORFF, ROBBIE B	
STREET ADDRESS	1287 Isabel Drive	
CITY-ST-ZIP	Sanibel FL 33957	

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: **Geoffrey W. Roepstorff** **03/20/00** **(941)466-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

920000080051

ATTACHMENT
00044858

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DOCUMENT #P96000083351
EDISON BANCSHARES, INC.

Attachment to Item #12 (No change from previous filings, however, Director's name was not listed on the 2000 Report)

Title	D
Name	SHERIDAN, HOWARD M.
Street Address	842 Cal Cove Drive
City, State, ZIP	Fort Myers, FL 33919