2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091697

1. Entity Name

JACKSONVILLE BANCORP, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90244 039 ***150.00

Principal Place of Business	Mailing Address
13245 ATLANTIC BLVD 5 JACKSONVILLE FL 32225 US	13245 ATLANTIC BLVD 5 JACKSONVILLE FL 32225-7118 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
76 S. Laura Street	P.O. Box 40466
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.
City & State: Jacksonville Fl.	City & State: Jacksonville Fl.
Zip: 32203 Country: US	Zip: 32203 Country: US

4. FEI Number 59-3472981 ☐ 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
IGLER & DOUGHERTY, P.A. 1501 PARK AVENUE EAST TALLAHASSEE FL 32301	Name: Cheryl L. Whalen, EVP/CFO The Jacksonville Bank Street Address (P.O. Box Number is Not Acceptable): 76 S. Laura Street Suite 104 City: Jacksonville **FL** Zip Code: 32202

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: Cheryl L Whalen, EVP/CFO 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC GEORGE, VICTOR M 126 WILLOW POND LANE PONTE VEDRA BEACH FL 32082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"SEE ATTACHMENT"	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WHALEN, CHERYL L 6511 BROOKLYN BAY RD KEYSTONE HTS FL 32656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/V 407 Arthur Moore Drive Green Cove Springs, Fl. 32043	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, R.C. 160 PLANTATION CIR SOUTH PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POMAR, GILBERT J III 4957 ORTEGA BLVD JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTZ, JOHN R 1823 SEMINOLE RD JACKSONVILLE FL 32205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWENCK, PRICE W 13245 ATLANTIC BLVD, STE 5 JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8410 Kim Road Jacksonville, Fl. 32217	☒ 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: Cheryl L Whalen CHERYL L. WHALEN, EVP/CFO 4/28/00 904/421-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2000 UNIFORM BUSINESS REPORT (UBR)
ATTACHMENT DOCUMENT # P99000028638
JACKSONVILLE BANCORP, INC.

OFFICERS AND DIRECTORS

TITLE	D
NAME	Carter, Michael D.
STREET ADDRESS	2709 South Ocean Drive
CITY-ST-ZIP	Jacksonville Beach, Florida 32250-5946
TITLE	D
NAME	Gottlieb, Melvin
STREET ADDRESS	3028 Forest Circle
CITY-ST-ZIP	Jacksonville, Florida 32257-5620
TITLE	D
NAME	Healey, James M.
STREET ADDRESS	2507 South Ocean Drive
CITY-ST-ZIP	Jacksonville Beach, Florida 32250-5942
TITLE	D
NAME	Kowkabany, John C.
STREET ADDRESS	110 Palm Place
CITY-ST-ZIP	Neptune Beach, Florida 32266
TITLE	D
NAME	Kraft, Rudolph A.
STREET ADDRESS	1355 Moss Creek Drive
CITY-ST-ZIP	Jacksonville, Florida 32225
TITLE	D
NAME	Roller, Donald E.
STREET ADDRESS	1421 Ponte Vedra Blvd.
CITY-ST-ZIP	Ponte Vedra Beach, Florida 32082
TITLE	D
NAME	Rose, John W.
STREET ADDRESS	511 Anderwood Drive
CITY-ST-ZIP	Hermitage, PA 16148
TITLE	D
NAME	Spencer, Charles F.
STREET ADDRESS	590 Queens Harbor Blvd.
CITY-ST-ZIP	Jacksonville, Florida 32225
TITLE	D
NAME	Tavar, Bennett A.
STREET ADDRESS	2863 Evercharm Place
CITY-ST-ZIP	Jacksonville, Florida 32257
TITLE	D
NAME	Winfield, M.D., Gary L.
STREET ADDRESS	630 Jacksonville Drive
CITY-ST-ZIP	Jacksonville Beach, Florida 32250