

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107008

1. Entity Name

FIRST PEOPLES BANK

Principal Place of Business

Mailing Address

1301 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE FL

1301 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE FL 34952-5391

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRST PEOPLES BANK
1301 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

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 AUTIN, JAMES L 1700 HILLMOOR DR STE 501 PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, JOHN 1301 SE PORT ST. LUCIE BLVD 1945 Windward Way PORT ST. LUCIE FL 34952 Vero Beach, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BERGER, GARY A 111 ORANGE AVE #300 FT. PIERCE FL 34950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUOZZO, DONALD J 49 FLAGLER AVE STE 302 STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKER, ANN L 250 NW COUNTRY CLUB DR PORT ST. LUCIE FL 34986	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRET, PAUL J 1301 SE PORT ST. LUCIE BLVD 312 NW Broadview Street PORT ST. LUCIE FL 34952 Port St. Lucie, FL 34953	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schweiger, Robert L. 9752 SW Santa Monica Drive Palm City, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seeley, Robert L. 1100 S. Federal Highway Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Skiles, David W. 1301 SE Port St. Lucie Blvd. Port St. Lucie, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warner, Thomas E. 1100 S. Federal Highway Stuart, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zinter, Paul A. 2014 SE Port St. Lucie Blvd. Port St. Lucie, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/>

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:

David W. Skiles, President/Director

01/06/00

561-398-1388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90107 007 ***158.75

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DO NOT WRITE IN THIS SPACE