

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90062 004 ***150.00

DOCUMENT # P99000100020

1. Entity Name
FIRST BUSINESS BANK

Principal Place of Business Mailing Address
340 N HARBOUR CITY BLVD **340 N HARBOUR CITY BLVD**
MELBOURNE FL **MELBOURNE FL 32935-6763**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3609400 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: **Daryl A. Bishop**

Street Address (P.O. Box Number is Not Acceptable): **340 N Harbor City Blvd Suite 800**

City: **Melbourne** **FL** **32935**

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: **Daryl A. Bishop** X *Daryl A. Bishop* **2/23/00**
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	D <input type="checkbox"/> Delete	TITLE	Mr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, DARYL A	NAME	Alpizar, O. John
STREET ADDRESS	703 DANESBROOK WAY	STREET ADDRESS	1528 Palm Bay Road NE
CITY-ST-ZIP	MELBOURNE FL 32940	CITY-ST-ZIP	Palm Bay, FL 32905
TITLE	D <input type="checkbox"/> Delete	TITLE	Mr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNNINGHAM, GARY R	NAME	Koehne, William C.
STREET ADDRESS	607 ROCKLEDGEDR	STREET ADDRESS	2560 Wild Wood Drive
CITY-ST-ZIP	ROCKLEDGE FL 32955	CITY-ST-ZIP	Melbourne, FL 32935
TITLE	D <input type="checkbox"/> Delete	TITLE	Mr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAZEE, CHARLES J	NAME	Powers, Thomas L.
STREET ADDRESS	2860 ROCKY-POINT RD	STREET ADDRESS	149 Martesia Way
CITY-ST-ZIP	MALABAR FL 32950	CITY-ST-ZIP	Indian Harbour Beach, FL 32937
TITLE	D <input type="checkbox"/> Delete	TITLE	Mr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRESE, GARY B JR	NAME	Todd, John R.
STREET ADDRESS	1891 HWY A1A, #303	STREET ADDRESS	2920 Rocky Point Road
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	CITY-ST-ZIP	Malabar, FL 32950
TITLE	D <input type="checkbox"/> Delete	TITLE	Mr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GENONI, JOHN P JR	NAME	Voldness, I. D.
STREET ADDRESS	PO BOX 41009	STREET ADDRESS	215 Ballyshannon, C-502
CITY-ST-ZIP	MELBOURNE FL 32941	CITY-ST-ZIP	Melbourne Beach, FL 32951
TITLE	D <input type="checkbox"/> Delete	TITLE	Mr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARR, WILLIAM A	NAME	Whittaker, Kenneth A.
STREET ADDRESS	205 BALLYSHANNON, B502	STREET ADDRESS	1692 W Hibiscus Blvd
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	CITY-ST-ZIP	Melbourne, FL 32901

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: **Robert G. Christman, VP/Cashier** *Robert G. Christman* **2/14/00** 321-253-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DARYL A. BISHOP, PRESIDENT *Daryl A. Bishop* **2/16/00**

CR2E034 (9/99)