

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

0080515

DOCUMENT # P99000100020

1. Entity Name:
FIRST BUSINESS BANK

06-04-2001 90012 027 ***550.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
340 N Harbor City Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3609400** Applied For
 Not Applicable

Zip **32935** Country **USA** Zip **32935** Country **USA** 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: _____
 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. (NOT: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW !! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 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	
TITLE	D <input type="checkbox"/> Delete
NAME	BISHOP, DARYL A
STREET ADDRESS	703 DANESBROOK WAY
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	D <input type="checkbox"/> Delete
NAME	CUNNINGHAM, GARY R
STREET ADDRESS	607 ROCKLEDGEDR
CITY-ST-ZIP	ROCKLEDGE FL 32955
TITLE	D <input type="checkbox"/> Delete
NAME	FRAZEE, CHARLES J
STREET ADDRESS	2860 ROCKY POINT RD
CITY-ST-ZIP	MALABAR FL 32950
TITLE	D <input type="checkbox"/> Delete
NAME	FRESE, GARY B JR
STREET ADDRESS	1891 HWY A1A, #303
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937
TITLE	D <input type="checkbox"/> Delete
NAME	GENONI, JOHN P JR
STREET ADDRESS	PO BOX 41009
CITY-ST-ZIP	MELBOURNE FL 32941
TITLE	D <input type="checkbox"/> Delete
NAME	HARR, WILLIAM A
STREET ADDRESS	205 BALLYSHANNON, B502
CITY-ST-ZIP	MELBOURNE BEACH FL 32951

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas R. Bailey
STREET ADDRESS	1044 Mollie Lane
CITY-ST-ZIP	Melbourne, FL 32935
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 empowerments.

SIGNATURE: *Thomas R. Bailey* **Thomas R. Bailey** **VP** **5/30/01** **321-253-1555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)