2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P96000016523 Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** TIB FINANCIAL CORP. 02-02-2000 90023 033 ***150.00 Principal Place of Business Mailing Address 99451 OVERSEAS HIGHWAY P O BOX 2808 KEY LARGO FL 33037 KEY LARGO FL 33037-7808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0655973 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HENDRICK, JAMES Street Addr 317 WHITEHEAD STREET KEY WEST FL 33040 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE NAME CONSTANCE D MILLER STREET ADDRESS 99451 OVERSEAS HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 Delete ☐ Addition ☐ Change TITLE TITLE LETT, EDWARD V NAME NAME STREET ADDRESS STREET ADDRESS 99451 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP KEY-LARGO FL:33037-☐ Delete Addition TITLE TITLE ☐ Change DAVID P JOHNSON NAME NAME STREET ADDRESS STREET ADDRESS 99451 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition TITLE CD ☐ Delete TITLE Change NAME JAMES R LAWSON III NAME STREET ADDRESS STREET ADDRESS 99451 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS 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 empow