

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 90989 007 \*\*\*150.00

0118881

**DOCUMENT # P97000091535**

1. Entity Name

**FIRST STATE BANK OF THE FLORIDA KEYS**

Principal Place of Business

Mailing Address

**1201 SIMONTON STREET  
KEY WEST FL**

**1201 SIMONTON STREET  
KEY WEST FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0790416**

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

**Diego Caso  
1201 Simonton Street  
Key West, FL 33040**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, JOSEPH B JR</b>	
STREET ADDRESS	<b>813 WADDELL AVENUE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ARTMAN, GREGORY D</b>	
STREET ADDRESS	<b>1547 5TH STREET</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERVALDI, FRANK V</b>	
STREET ADDRESS	<b>3406 RIVERA DR</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BLUM, GARY</b>	
STREET ADDRESS	<b>1111 JOHNSON STREET</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEMP, WILLIAM O</b>	
STREET ADDRESS	<b>P.O. BOX 1529</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33041</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, DANIEL E JR</b>	
STREET ADDRESS	<b>12 AZALEA DRIVE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

**SIGNATURE: Daniel Lee, Jr. President & CEO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/01**  
Date

**(305) 296-8535**  
Daytime Phone #

CR2E034 (10/00)