

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 011358

1. Entity Name

VANGUARD BANK & TRUST COMPANY

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90048 004 \*\*\*158.75

Principal Place of Business

Mailing Address

23 SOUTH JOHN SIMS PARKWAY  
VALPARAISO FL 32580

23 SOUTH JOHN SIMS PARKWAY  
VALPARAISO FL 32580-1209

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

59-0491810

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

ROBERTS, M. GARY  
23 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

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	VCD	<input type="checkbox"/> Delete
NAME	FARRAR, ROGER L.	
STREET ADDRESS	23 JOHN SIMS PARKWAY	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBERTS, M. G	
STREET ADDRESS	302 MARY ESTHER BLVD	
CITY-ST-ZIP	MARY ESTHER F	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHESSER, D. M.	
STREET ADDRESS	1201 EGLIN PARKWAY	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, H G	
STREET ADDRESS	123 MIRACLE STRIP PKWY SE	
CITY-ST-ZIP	FT WALTON BEACH, FL0	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, WILLIAM A	
STREET ADDRESS	4801 ROSEMONT PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RUCKEL, WALTER C.	
STREET ADDRESS	222 ROCKWOOD LANE	
CITY-ST-ZIP	NICEVILLE FL	

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	
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. GARY ROBERTS

Date

Daytime Phone #

4/11/00 850 729 5600

CR2E034 (9/99)