

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90074 015 ***158.75

DOCUMENT # 011358

1. Entity Name
VANGUARD BANK & TRUST COMPANY

Principal Place of Business

23 SOUTH JOHN SIMS PARKWAY
VALPARAISO FL 32580

Mailing Address

23 SOUTH JOHN SIMS PARKWAY
VALPARAISO FL 32580

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0491810

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 ☐ Delete
 NAME **VCD**
 STREET ADDRESS **FARRAR, ROGER L.**
 CITY-ST-ZIP **23 JOHN SIMS PARKWAY**
VALPARAISO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ROBERTS, M. G.**
 CITY-ST-ZIP **302 MARY ESTHER BLVD**
MARY ESTHER F

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHESSER, D. M.**
 CITY-ST-ZIP **1201 EGLIN PARKWAY**
SHALIMAR FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **SMITH, H G**
 CITY-ST-ZIP **123 MIRACLE STRIP PKWY SE**
FT WALTON BEACH, FL

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Lowell C. Larson, Jr**
 CITY-ST-ZIP **817 Pinedale Rd**
Ft Walton Beach, FL 32547

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WELCH, WILLIAM A**
 CITY-ST-ZIP **4801 ROSEMONT PLACE**
PENSACOLA FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **RUCKEL, WALTER C.**
 CITY-ST-ZIP **222 ROCKWOOD LANE**
NICEVILLE FL

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

GARY ROBERTS
GARY ROBERTS 2-14-2002 850-729-5559

CR2E034 (9/01)