

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90113 016 \*\*\*150.00

**DOCUMENT # 270902**

1. Entity Name

**BANK OF THE SOUTH**

Principal Place of Business

**4410 FAIRFIELD DRIVE  
 PENSACOLA FL 32506  
 US**

Mailing Address

**P.O. BOX 3229  
 PENSACOLA FL 32516  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1050700**

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

**TYRRELL, ROSE MARIE  
 1077 GERHARDT DR  
 PENSACOLA FL 32503**

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 NAME	PD MAIR, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	109 BAYSHORE DRIVE PENSACOLA FL 32507	
TITLE NAME	D ROSEBLOOM, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	417 CANTERBURY LN GULF BREEZE FL 32561	
TITLE NAME	D WOODBURY, WILLIAM P	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1061 HARBOURVIEW CIRCLE PENSACOLA FL 32507	
TITLE NAME	AC MACGREGOR, MARY	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	14710 GREGOR LANE PENSACOLA FL 32507	
TITLE NAME	DEVP TYRRELL, ROSE MARIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1077 GERHARDT DR PENSACOLA FL 32503	
TITLE NAME	VD WOODBURY, CHARLES P. III	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4060 BARRANCAS AVE PENSACOLA FL	

TITLE NAME	AVP Nunnally, Nancy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1016 Kearney Dr. Pensacola, FL 32505	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Mary MacGregor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Mary MacGregor, AC

1/17/01

Date

850 456 5722

Daytime Phone #

CF2E034 (10/00)