

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90003 009 ***150.00

RECORDED
 11

DOCUMENT # 270902

1. Entity Name
BANK OF THE SOUTH

Principal Place of Business Mailing Address
4410 FAIRFIELD DRIVE **P.O. BOX 3229**
PENSACOLA FL 32508 **PENSACOLA FL 32516**
US **US**

900142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1050700 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TYRRELL, ROSE MARIE
1077 GERHARDT DR
PENSACOLA FL 32503

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP Nunnally, Nancy 1016 Kearney Dr. Pensacola, FL 32505	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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

Date Daytime Phone #
1/4/02 **(850) 456-5722**

CR2E034 (9/01)