

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90375 029 ***150.00

DOCUMENT # 350020

1. Entity Name
CITY NATIONAL BANK CORPORATION

Principal Place of Business

P O BOX 025604
 MIAMI FL 33102-2604

Mailing Address

P O BOX 025604
 MIAMI FL 33102-2604

2. Principal Place of Business

25 W. Flagler St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 025620

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-1271281

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

33102-5620

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHOCKETT, WILLIAM
25 W FLAGLER ST
MIAMI FL 33130

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

TITLE **DEVP** ☐ Delete
 NAME **BRADY, THOMAS B**
 STREET ADDRESS **25 W FLAGLER ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ Delete
 NAME **ABESS, LEONARD L. SR.**
 STREET ADDRESS **25 W FLAGLER ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Delete
 NAME **ABESS, LEONARD L. JR.**
 STREET ADDRESS **25 W FLAGLER ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **ABESS, ALLAN T., JR**
 STREET ADDRESS **25 W FLAGLER ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **DEVP** ☐ Delete
 NAME **CAMP, PATRICIA M**
 STREET ADDRESS **25 W FLAGLER ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
 NAME **COWAN, IRVING**
 STREET ADDRESS **25 W FLAGLER ST**
 CITY-ST-ZIP **MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **CAMP, PATRICIA M.**
 STREET ADDRESS
 CITY-ST-ZIP

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)(l), 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:

Patricia M. Camp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-02

305-577-7445

CR2E034 (9/01)