

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 357689

1. Entity Name

FLORIDA BANK OF COMMERCE

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90100 035 ***150.00

Principal Place of Business

Mailing Address

1027 NEBRASKA AVE.
PALM HARBOR FL 34683
US

1027 NEBRASKA AVE.
PALM HARBOR FL 34683-4030
US

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 **59-1307601**

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

BATT, HOWARD
611 DRUID RD E SUITE 712
CLEARWATER FL 34616

Name **Robert L. Kohler**
Street Address (P.O. Box Number is Not Acceptable)
1027 Nebraska Ave.
City **Palm Harbor** **FL** Zip Code **34683**

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	SVP	<input type="checkbox"/> Delete
NAME	GRUTCHFIELD, SCOTT A	
STREET ADDRESS	2918 HILLCREEK CR SO	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSEVITZ, LASZLO D.O.	
STREET ADDRESS	1220 RUNNYMEDE	
CITY-ST-ZIP	DAYTON OH	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	DWYER, PAT	
STREET ADDRESS	205 SUNBURST CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OHLMANN, WALTER	
STREET ADDRESS	3112 WINTERHAVEN	
CITY-ST-ZIP	DAYTON, OH 0	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATT, HOWARD ESQ	
STREET ADDRESS	1605 PINELLAS ROAD	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOHLER, ROBERT L	
STREET ADDRESS	2456 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony B. Leisner	
STREET ADDRESS	1350 Riverside Ave.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mel D. Ora	
STREET ADDRESS	1354 Sturbridge Ct.	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karyn Johnson-Mahorney	
STREET ADDRESS	2367 Grovecrest Ave.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
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:

Robert L. Kohler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert L. Kohler

727-787-2265

Date

Daytime Phone #

CR2E034 (9/99)