

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90002 042 \*\*\*550.00

**DOCUMENT # 357689**

1. Entity Name

**FLORIDA BANK OF COMMERCE**

Principal Place of Business

**1027 NEBRASKA AVE.  
 PALM HARBOR FL 34683  
 US**

Mailing Address

**1027 NEBRASKA AVE.  
 PALM HARBOR FL 34683-4309  
 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

**KOHLER, ROBERT L  
 1027 NEBRASKA AVE  
 PALM HARBOR FL 34683**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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** ☐ Delete  
 NAME **GRUTCHFIELD, SCOTT A**  
 STREET ADDRESS **2918 HILLCREEK CR SO**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **SVP** ☐ Change ☒ Addition  
 NAME **MARTIN, SUSAN**  
 STREET ADDRESS **7901 S. RACETRACK RD.**  
 CITY-ST-ZIP **TAMPA, FL 33635**

TITLE **D** ☐ Delete  
 NAME **POSEVITZ, LASZLO D.O.**  
 STREET ADDRESS **1220 RUNNYMEDE**  
 CITY-ST-ZIP **DAYTON OH**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **JOHNSON-MAHORNEY, KARYN**  
 STREET ADDRESS **2496 CLUBSIDE CT #714**  
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **VPC** ☒ Delete  
 NAME **DWYER, PAT**  
 STREET ADDRESS **205 SUNBURST CT**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ROGERS, HOWARD**  
 STREET ADDRESS **4144 PERRY PLACE**  
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **D** ☐ Delete  
 NAME **OHLMANN, WALTER**  
 STREET ADDRESS **3112 WINTERHAVEN**  
 CITY-ST-ZIP **DAYTON, OH 0**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MEL ORA**  
 STREET ADDRESS **1354 STURBRIDGE CT**  
 CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **D** ☐ Delete  
 NAME **LEISNER, ANTHONY B**  
 STREET ADDRESS **1350 RIVERSIDE AVE**  
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE **P** ☐ Delete  
 NAME **KOHLER, ROBERT L**  
 STREET ADDRESS **2456 APPALOOSA TRAIL**  
 CITY-ST-ZIP **PALM HARBOR 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: **Barbara A. Barnes** **BARBARA A. BARNES** 07.11.01 **584.0796**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0101440 AV

CR2E034 (5/01)