

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 392679

FILED
Apr 15, 2003
Secretary of State

Entity Name: BANK OF PENSACOLA

Current Principal Place of Business:

7150 N 9TH AVENUE
PENSACOLA, FL 325247885

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12966
PENSACOLA, FL 325912966

New Mailing Address:

FEI Number: 59-1378561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUD, JOSEPH R JR
400 WEST GARDEN STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: TAYLOR, W. LUTHER
Address: 4641 CANOPY ROAD
City-St-Zip: PENSACOLA, FL 32504

Title: EVD () Delete
Name: FAIR, ROBERT L
Address: 1510 BAYSHORE DR
City-St-Zip: PENSACOLA, FL 32501

Title: SVP () Delete
Name: SCHUBERT, ASHLEY H JR
Address: 920 FAIRWAY DR.
City-St-Zip: PENSACOLA, FL 32507

Title: PD () Delete
Name: CARTER, THOMAS B
Address: 2660 CAWDOR CT
City-St-Zip: PENSACOLA, FL 32503

Title: EVD () Delete
Name: YOUD, JOSEPH R JR
Address: 50 HIGHPOINT DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: EVD () Delete
Name: MCCOY, H CARY
Address: 4691 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. CARY MCCOY

EVD

04/15/2003

Electronic Signature of Signing Officer or Director

Date