

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90949 036 \*\*\*150.00

MEMORANDUM

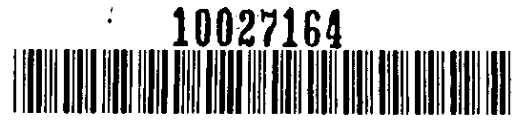
**DOCUMENT # 421643**

1. Entity Name  
**THE BANK OF TAMPA**



Principal Place of Business  
**4400 N ARMENIA AVE  
TAMPA FL 33603  
US**

Mailing Address  
**P. O. BOX ONE  
TAMPA FL 33601-0001  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1447189**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**JUNKERMANN, RICHARD L  
4400 N ARMENIA  
TAMPA FL 33603**

7. Name and Address of New Registered Agent  
Name  
**JUNKERMANN, RICHARD L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4503 Woodland Corporate Blvd. Suite 100**  
City **Tampa** FL Zip Code **33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00** ✓  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DIVERS, A. GERALD 601 BAYSHORE BLVD TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP JUNKERMANN, RICHARD L. 4400 N ARMENIA AVE TAMPA FL 33603</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DIAMOND, BARBARA A. 601 BAYSHORE BLVD TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HERNANDEZ, RONALD L. 601 BAYSHORE BLVD TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GILES, ROBERT F JR. 601 BAYSHORE BLVD TAMPA FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WEST, WILLIAM O. 601 BAYSHORE BLVD TAMPA, FL 33606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4503 Woodland Corporate Blvd., Suite 100 Tampa, FL 33614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SINTON, CHRISTOPHER A 601 BAYSHORE BLVD TAMPA, FL 33606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BLANCHARD, JR., G. ROBERT 1414 SWANN AVE, #201 TAMPA, FL 33606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C FERMAN, JR., JAMES L 1306 W. KENNEDY BLVD TAMPA, FL 33606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GARCIA, LUIS 888 EXECUTIVE CENTER DRIVE W, #101 ST. PETERSBURG, FL 33702</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara A. Diamond **Barbara A. Diamond, Secretary** **2/6/03** **813/872-1267**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

10027164

Doc # 421643

**11. Additions to Officers and Directors**

**D**

**Harrod, Gary W.**

**777 Harbour Island Blvd., Suite 877**

**Tampa, FL 33602**

**D**

**MacKinnon, A. D.**

**2230 N. US Hwy 301**

**Tampa, FL 33619**

**D**

**Oellerich, Herman J.**

**3300 Brookside Drive**

**Roswell, GA 30076**

**D**

**Whiting, Paul L.**

**2910 W. Bay to Bay Blvd., Suite 200**

**Tampa, FL 33629**