

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 433917

1. Entity Name

BANK AT ORMOND-BY-THE-SEA

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90207 002 ***150.00

Principal Place of Business

1400 OCEAN SHORE BLVD.
P O BOX 3106
ORMOND BEACH FL 32176-0613

Mailing Address

PO BOX 4318
ORMOND BEACH FL 32175-4318
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

59-1467906

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

BROUGHER, THOMAS A.
1400 OCEAN SHORE BLVD.
ORMOND BEACH FL 32074

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, 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 VS
NAME BROUGHER, THOMAS A
STREET ADDRESS 2800 JOHN ANDERSON DRIVE
CITY-ST-ZIP ORMOND BCH, FL 00000 ☐ Delete

TITLE DP
NAME Brougher, Thomas A
STREET ADDRESS 2800 John Anderson Drive
CITY-ST-ZIP Ormond Beach, FL 32176 ☒ Change ☐ Addition

TITLE PD
NAME MAYO JR, HOWARD
STREET ADDRESS 110 COUNTRY CLUB DR
CITY-ST-ZIP ORMOND BCH, FL 00000 ☐ Delete

TITLE D
NAME Mayo Jr, Howard
STREET ADDRESS 110 Country club Drive
CITY-ST-ZIP Ormond Beach, FL 32174 ☒ Change ☐ Addition

TITLE D
NAME BROWN, DANA V.
STREET ADDRESS 735 1/2 N WILD OLIVE AVE
CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete

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

TITLE DC
NAME JOHNSON, HJALMA E.
STREET ADDRESS 509 HALE RD
CITY-ST-ZIP DADE CITY, FL 00000 ☐ Delete

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

TITLE D
NAME EHRINGER, GERALD L, MD
STREET ADDRESS 1182 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BCH, FL 00000 ☐ Delete

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

TITLE D
NAME JOHNSON, LEONARD H.
STREET ADDRESS 730 E. MERIDAN AVE.
CITY-ST-ZIP DADE CITY FL ☐ Delete

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

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:

Thomas A Brougher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)