

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567703

1. Entity Name

FLORIDA BANCORPORATION, INC.

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

02-29-2000 90100 034 \*\*\*150.00

Principal Place of Business

1027 NEBRASKA AVE  
P.O. BOX 1080  
PALM HARBOR FL 34682-1080  
US

Mailing Address

1027 NEBRASKA AVE  
P.O. BOX 1080  
PALM HARBOR FL 34682-1080  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2074173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

*Robert L. Kohler*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-00**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DOCTOR, JOSEPH B, DO</b>	
STREET ADDRESS	<b>358 N. ALPHA BELLBROOK RD.</b>	
CITY-ST-ZIP	<b>BEAVERCREEK OH 45434</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POSEVITZ, LASZLO, DO</b>	
STREET ADDRESS	<b>1220 RUNNYMEDE</b>	
CITY-ST-ZIP	<b>DAYTON OH</b>	
TITLE	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>KOHLER, ROBERT L</b>	
STREET ADDRESS	<b>2456 APPALOOSA TRAIL</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUNCAN, RICHARD</b>	
STREET ADDRESS	<b>1700 W. ALEX BELL RD.</b>	
CITY-ST-ZIP	<b>DAYTON OH 45459</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OHLMANN, WALTER</b>	
STREET ADDRESS	<b>3112 WINTERHAVEN</b>	
CITY-ST-ZIP	<b>DAYTON OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STAHL, HAROLD</b>	
STREET ADDRESS	<b>5459 FOLKSTONE DR</b>	
CITY-ST-ZIP	<b>CENTERVILLE OH</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

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

**1-14-00**

Date

**727-787-2265**

Daytime Phone #

CR2E034 (9/99)