

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 567703

1. Entity Name

FLORIDA BANCORPORATION, INC.

Principal Place of Business

Mailing Address

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

1027 NEBRASKA AVE  
P.O. BOX 1080  
PALM HARBOR FL 34682-1080  
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 59-2074173

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 \$150.00**  
**After MAY 1, 2001 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 ☐ Delete  
NAME DOCTOR, JOSEPH B, DO  
STREET ADDRESS 358 N. ALPHA BELLBROOK RD.  
CITY-ST-ZIP BEAVERCREEK OH 45434

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

TITLE ☐ Delete  
NAME POSEVITZ, LASZLO, DO  
STREET ADDRESS 1220 RUNNYMEDE  
CITY-ST-ZIP DAYTON OH

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

TITLE ☐ 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

TITLE ☐ Delete  
NAME DUNCAN, RICHARD  
STREET ADDRESS 1700 W. ALEX BELL RD.  
CITY-ST-ZIP DAYTON OH 45459

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

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

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

TITLE ☐ Delete  
NAME STAHL, HAROLD  
STREET ADDRESS 5459 FOLKSTONE DR  
CITY-ST-ZIP CENTERVILLE OH

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 #

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

07-18-2001 90002 043 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

0556175

CR2E034 (10/00)