

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 647607**1. Entity Name  
**NORTH BANK DEVELOPMENT COMPANY****Principal Place of Business**500 WATER ST  
S/C J-160  
JACKSONVILLE FL  
32202**Mailing Address**500 WATER ST  
S/C J-160  
JACKSONVILLE FL  
32202**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-1968205**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**AFTOORA, PATRICIA J.  
500 WATER STJACKSONVILLE FL  
32202 US**7. Name and Address of New Registered Agent**

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)

**04/10/2001**

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 VPC ☐ Delete  
NAME WODEHOUSE C JO  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE T ☒ Change ☐ Addition  
NAME BOOR DAVID A  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE VPCS ☐ Delete  
NAME AFTOORA P J  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE VP ☒ Change ☐ Addition  
NAME EVANS J R  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE SVP ☐ Delete  
NAME TAYLOR CN  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE DVPS ☒ Change ☐ Addition  
NAME AFTOORA PATRICIA J  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE SVP ☐ Delete  
NAME GIFTOS P M  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE SVP ☒ Change ☐ Addition  
NAME CROWN A F  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE EVP ☐ Delete  
NAME WARD M J  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE DSVP ☒ Change ☐ Addition  
NAME FAVORITE F J  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE P ☐ Delete  
NAME NICHOLS G L  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202TITLE DP ☒ Change ☐ Addition  
NAME WARD MICHAEL J  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202

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: PATRICIA J. AFTOORA**

VP

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

**D R MAXWELL**  
**500 WATER STREET**  
**JACKSONVILLE, FL 32202**