

# 2001 UNIFORM BUSINESS REPORT (UBR)

0524739

DOCUMENT # 655791

1. Entity Name

BANKERS FINANCIAL SERVICES, INC.

Principal Place of Business

P.O. BOX 15707  
ST. PETERSBURG FL 33733  
US

Mailing Address

P.O. BOX 15707  
ST. PETERSBURG FL 33733  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELANO, G. KRISTIN  
360 CENTRAL AVENUE  
ST. PETERSBURG FL 33701

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 D  
STREET ADDRESS MEEHAN, DAVID K  
CITY-ST-ZIP 360 CENTRAL AVE.  
ST PETERSBURG FL 33701

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 300004212503--6  
-05/11/01--01114--001  
\*\*\*7381.50 \*\*\*150.00

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS HUSSEMAN, EDWIN C  
CITY-ST-ZIP 360 CENTRAL AVE.  
ST PETERSBURG FL 33701

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

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS MENKE, ROBERT M  
CITY-ST-ZIP 360 CENTRAL AVE.  
ST PETERSBURG FL 33701

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS DELANO, G. KRISTIN  
CITY-ST-ZIP 360 CENTRAL AVE.  
ST. PETERSBURG FL 33701

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS MENKE, ROBERT G  
CITY-ST-ZIP 360 CENTRAL AVE  
ST PETERSBURG FL 33701

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano 4/20/2001 (727) 823-4000

Date

Daytime Phone #

CR2ED34 (10/00)

18



DO NOT WRITE IN THIS SPACE

FILED  
01 APR 30 PM 5: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA