


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 10 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 671759					
1. Corporation Name UNION BANK OF FLORIDA					
Principal Place of Business 1801 N PINE ISLAND ROAD PLANTATION FL 33322 US			Mailing Address 1801 N PINE ISLAND ROAD PLANTATION FL 33322 US		



03/10/99 90229 034 150⁰⁰
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1980	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1318090	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
B5 FL				B6 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	MILLER, LEONARD	1.2 NAME	Jeffrey S. Miller
STREET ADDRESS	700 NW 107TH AVENUE	1.3 STREET ADDRESS	3800 NW 89th Street
CITY-STATE-ZIP	MIAMI BCH. FL	1.4 CITY-STATE-ZIP	Miami, FL 33142
TITLE	D	2.1 TITLE	DELETED
NAME	DOUMAR, RAYMOND A.	2.2 NAME	Eric A Roberts
STREET ADDRESS	1177 S.E. 3RD AVENUE	2.3 STREET ADDRESS	100 W Cypress Crk. Road, 5th floor
CITY-STATE-ZIP	FORT LAUDERDALE FL	2.4 CITY-STATE-ZIP	Ft Lauderdale FL 33309
TITLE	PO	3.1 TITLE	
NAME	CHAPERON, JOHN S.	3.2 NAME	
STREET ADDRESS	2825 NE 35 CT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL	3.4 CITY-STATE-ZIP	
TITLE	DEVP	4.1 TITLE	
NAME	WINES, LYNNE	4.2 NAME	
STREET ADDRESS	373 N.W. 101ST AVENUE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL SPRINGS FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:  **John S Chaperon** 3/4/99 954 745 2950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

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