


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90381 044 \*\*\*150.00

**DOCUMENT # F95000004371**

1. Entity Name  
**THE PROVIDENT BANK, INC.**



Principal Place of Business  
**ONE EAST FOURTH STREET  
% MICHAEL K GIBSON  
CINCINNATI OH 45202  
US**

Mailing Address  
**ONE EAST FOURTH STREET  
% MICHAEL K GIBSON  
CINCINNATI OH 45202  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **31-0412725**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, PHILIP R	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	HOVERSON, ROBERT L	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	CAREY, CHRISTOPHER J	
STREET ADDRESS	7460 GRIFFIN GATE	
CITY-ST-ZIP	CINCINNATI OH 45255	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIBSON, MICHAEL K	
STREET ADDRESS	6230 RUSTLER CT	
CITY-ST-ZIP	LOVELAND OH 45140	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, JACK M.	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROTE, JR., THOMAS D.	
STREET ADDRESS	ONE EAST FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL K. GIBSON **4-4-03** **(513) 579-2767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)