

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002975

1. Entity Name

UNIVERSAL BANCORP SERVICES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90063 010 ***150.00

Principal Place of Business

8787 BAYPINE ROAD
JACKSONVILLE FL 32256-7569

Mailing Address

8787 BAYPINE ROAD
JACKSONVILLE FL 32256-8528

2. Principal Place of Business

3. Mailing Address

8787 Baypine Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3-2-A720

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32256

USA

4. FEI Number

59-3378910

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	EVP SABATINO, ANITA 153 3 53RD ST., CITICORP CENTER NEW YORK NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice President Bryer, Lorie 12731 Jefferson Blvd. Los Angeles, CA 90066	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GEHLEN, MICHAEL 8787 BAYPINE ROAD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT MITCHELL, DUNCAN R 8787 BAYPINE ROAD JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP KORCHUM, WALTER M 8787 BAYPINE ROAD JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONAHUE, THOMAS 8787 BAYPINE ROAD JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Julie D. Nelson

Assistant Secretary

and Assistant Treasurer 4/14/00 (904) 954-8877

Date

Daytime Phone #

CR2E034 (9/99)