

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006743

1. Entity Name

COMMUNITY SAVINGS BANKSHARES, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90090 050 \*\*\*150.00

Principal Place of Business

660 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408

Mailing Address

660 U.S. HIGHWAY ONE  
NORTH PALM BEACH FL 33408-4606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870004

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

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

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	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTARD, JAMES B JR		NAME	Robert F. Cromwell	
STREET ADDRESS	660 US HIGHWAY ONE		STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, CECIL F JR		NAME	Karl D. Griffin	
STREET ADDRESS	660 U.S. HIGHWAY ONE		STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUSSEAU, DEBORAH M		NAME	Harold I. Stevenson	
STREET ADDRESS	660 U.S. HIGHWAY ONE		STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	C	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEED, FREDERICK A		NAME	Feriel G. Hughes	
STREET ADDRESS	660 U.S. HIGHWAY ONE		STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATY, FOREST C JR		NAME	Mary L. Kaminske	
STREET ADDRESS	660 U.S. HIGHWAY ONE		STREET ADDRESS	660 U. S. Highway One	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, LARRY J		NAME	Michael E. Reinhardt	
STREET ADDRESS	660 U.S. HIGHWAY ONE		STREET ADDRESS	660 U.S. Highway One	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	North Palm Beach, FL 33408	

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

Date

Daytime Phone #

*Deborah M. Rousseau, Secretary* January 6, 2000 561-881-1945

Attachment  
D#F98000006743  
D0028401

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Trina L. Miles 33408 660 U.S. Highway One, North Palm Beach, FL
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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