

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
 03-07-2002 90058 025 ***150.00

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DOCUMENT # G19959
 1. Entity Name
SEACOAST BANKING CORPORATION OF FLORIDA

Principal Place of Business 815 COLORADO AVENUE P.O. BOX 9012 STUART FL 34995-9012	Mailing Address 815 COLORADO AVENUE P.O. BOX 9012 STUART FL 34995-9012
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DO NOT WRITE IN THIS SPACE

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 59-2260678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUDSON, DENNIS S., III
 815 COLORADO AVE.
 STUART, FL 34994**

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.

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

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, 2002 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUDSON, DENNIS S., JR. 157 S RIVER RD, SEWALLSPT STUART FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDSON, DALE M. 192 SE HARBOR PT. DRIVE STUART FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EDS HUDSON, DENNIS S., III 2341 N. BAY COLONY COURT STUART FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANE, JOHN H. 4608 SE HARBOR PT DRIVE STUART FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRARY, EVANS, JR. 611 NW SUNSET DRIVE STUART FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNER, JEFFREY C. 124 SE WELLS DRIVE STUART FL	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **1/30/02** **(561) 287-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)