

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90178 035 ***150.00

03/07/17 AV

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2260678**

Applied For
Not Applicable

Zip Country

Zip Country

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **HUDSON, DENNIS S JR**
STREET ADDRESS **157 S RIVER RD, SEWALLS PT**
CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** Delete
NAME **HUDSON, DALE M**
STREET ADDRESS **192 SE HARBOR PT DRIVE**
CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **HUDSON, DENNIS S III**
STREET ADDRESS **2341 N BAY COLONY COURT**
CITY-ST-ZIP **STUART FL 34994**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **CRARY, EVANS JR**
STREET ADDRESS **1456 NE OCEAN BLVD, BLDG 7 APT 202**
CITY-ST-ZIP **STUART FL 34996**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **CRANE, JOHN H**
STREET ADDRESS **4608 SE HARBOR PT DRIVE**
CITY-ST-ZIP **STUART FL 34994**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BRUNER, JEFFEREY C**
STREET ADDRESS **105 HILLCREST COURT**
CITY-ST-ZIP **STUART FL 34996**

TITLE Change 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: **SIGNATURE REQUIRED** **Dennis S. Hudson, III** **2/14/2003** **772-288-6086**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)