

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G79529

1. Entity Name

PROSPERITY BANK

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

03-22-2000 90169 001 ***600.00

Principal Place of Business

Mailing Address

790 N PONCE DE LEON
P O DRAWER 1690
ST. AUGUSTINE FL 32085

790 N PONCE DE LEON
P O DRAWER 1690
ST. AUGUSTINE FL 32085-1690

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2324433

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

BLACK, RICHARD K
790 NORTH PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

Name

Eddie Creamer

Street Address (P.O. Box Number is Not Acceptable)

790 North Ponce de Leon Blvd.

City

St. Augustine

FL

Zip Code

32084

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)

3/7/00

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 DP ☒ Delete
NAME BLACK, RICHARD K.
STREET ADDRESS 790 N. PONCE DE LEON BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE SR. VP/SECRETARY ☐ Change ☒ Addition
NAME PETERSON, RANDALL
STREET ADDRESS 790 N. PONCE DE LEON BLVD.
CITY-ST-ZIP ST. AUGUSTINE, FL

TITLE V ☒ Delete
NAME DEARING, STEPHEN M.
STREET ADDRESS 790 N. PONCE DE LEON BLVD.
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUSSAKIS, JIM
STREET ADDRESS 8803 INDRIO ROAD
CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME BLACK, RICHARD K.
STREET ADDRESS 790 PONCE DE LEON BLVD
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, VERNON
STREET ADDRESS 2211 OKACHOBEE RD
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME CREAMER, JAMES E JR
STREET ADDRESS 790 N PONCE DE LEON BLVD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE DP ☒ Change ☐ Addition
NAME CREAMER, JAMES E. JR
STREET ADDRESS
CITY-ST-ZIP

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 #

3/7/00 (904) 824-9111

CR2E034 (9/99)