

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H56028

1. Entity Name

COMMUNITY BANK OF FLORIDA, INC.

Principal Place of Business

28801 S.W. 157TH AVENUE  
HOMESTEAD FL 33033-2437

Mailing Address

28801 S.W. 157TH AVENUE  
HOMESTEAD FL 33033-2437

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 59-1474050

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

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, 2001 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

TITLE DC  
NAME BLAYLOCK, HAYDEN  
STREET ADDRESS 14995 S.W. 264TH ST.  
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE DVC  
NAME CASE, GERALD C.  
STREET ADDRESS 14925 S.W. 232ND ST.  
CITY-ST-ZIP GOULDS FL ☐ Delete

TITLE PD  
NAME EPLING, ROBERT L.  
STREET ADDRESS 18624 S.W. 293RD TERR.  
CITY-ST-ZIP HOMESTEAD FL ☐ Delete

TITLE D  
NAME BOGGS, COLLEEN H  
STREET ADDRESS 16300 SW 184TH ST  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE LIPE, DANIEL  
NAME  
STREET ADDRESS 9021 SW 122 AVE. #303  
CITY-ST-ZIP MIAMI, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: Robert L. Epling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90228 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)