

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90041 007 ***150.00

DOCUMENT # H76426

1. Entity Name

PREMIER COMMUNITY BANK OF FLORIDA

Principal Place of Business

**350 E. BAY DRIVE
P O BOX 2910
LARGO FL 33770
US**

Mailing Address

**350 E. BAY DRIVE
P O BOX 2910
LARGO FL 33779-910
US**

2. Principal Place of Business

350 East Bay Drive

Suite, Apt. #, etc.

3. Mailing Address

**Suite, Apt. #, etc.
P. O. Box 2910**

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number **59-2577296**

Applied For

Not Applicable

Zip
33770

Country
US

Zip
33779-2910

Country
US

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 **Valerie A. Kendall**

Street Address (P.O. Box Number is Not Acceptable)
350 East Bay Drive

City **Largo** **FL** Zip Code **33770**

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 *Valerie A. Kendall*
Signature, typed or printed name of registered agent and title if applicable.

Valerie A. Kendall, EVP/CFO
(NOTE: Registered Agent signature required when reinstating)

April 25, 2002
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AYERS, JAMES T.**
STREET ADDRESS **350 E. BAY DRIVE**
CITY-ST-ZIP **LARGO FL**

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

TITLE **D** ☐ Delete
NAME **FEASTER, GEORGE E.**
STREET ADDRESS **350 E. BAY DRIVE**
CITY-ST-ZIP **LARGO FL**

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

TITLE **D** ☐ Delete
NAME **HARRISON, STEANS I**
STREET ADDRESS **350 E. BAY DRIVE**
CITY-ST-ZIP **LARGO FL**

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

TITLE **D** ☐ Delete
NAME **PHILLIPOFF, J. VICTOR**
STREET ADDRESS **350 E. BAY DRIVE**
CITY-ST-ZIP **LARGO FL**

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

TITLE **PD** ☐ Delete
NAME **SCHWENCK, PRICE W**
STREET ADDRESS **350 EAST BAY DRIVE**
CITY-ST-ZIP **LARGO FL 33770**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Price W. Schwenck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Price W. Schwenck

4-25-02

Date

727-345-7848

Daytime Phone #

CR2E034 (9/01)