

2000 UNIFORM BUSINESS REPORT (UBR)

01/19/00

DOCUMENT # H81217

1. Entity Name

MADISON BANK

FILED

00 MAR -2 AM 9: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

35388 US HWY 19 N
PALM HARBOR FL 34684

Mailing Address

35388 US HWY 19 N
PALM HARBOR FL 34684-1916

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

59-2590224

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, 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 D
NAME WIKLE, PAUL J.
STREET ADDRESS 33 CENTRAL COURT
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE CD
NAME CUTLER, MELVIN S
STREET ADDRESS 35388 US HWY 19 N
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE PD
NAME MCGIVNEY, ROBERT
STREET ADDRESS 35388 US HWY 19 N
CITY-ST-ZIP PALM HARBOR FL 34684 ☐ Delete

TITLE SD
NAME BYRD, BOBBY
STREET ADDRESS ONE SEASIDE LANE., #104
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE D
NAME CANTONIS, GEORGE
STREET ADDRESS 205 BAYVIEW DR.
CITY-ST-ZIP BELLEAIR FL ☐ Delete

TITLE V
NAME JASON, ROBERT A
STREET ADDRESS 35388 US 19 N
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900003169599-3
-03/14/00-01109-013
****150.00 ****150.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
EVP
SP

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. SEE CONTINUATIONS OF BLK.11 ATTACHED

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-786-5200

CR2E034 (9/99)