

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90161 034 ***150.00

0046394
 AV

DOCUMENT # H81217

1. Entity Name
MADISON BANK

Principal Place of Business
35388 US HWY 19 N
PALM HARBOR FL 34684

Mailing Address
35388 US HWY 19 N
PALM HARBOR FL 34684



2. Principal Place of Business

3. Mailing Address
34911 US HWY 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 600

DO NOT WRITE IN THIS SPACE

City & State

City & State
PALM HARBOR, FL

4. FEI Number
59-2590224

Applied For
 Not Applicable

Zip

Country

Zip
34684

Country
PINELLAS

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, 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	<input type="checkbox"/> Delete
NAME	WIKLE, PAUL J.	
STREET ADDRESS	33 CENTRAL COURT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CUTLER, MELVIN S	
STREET ADDRESS	35388 US HWY 19 N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGIVNEY, ROBERT	
STREET ADDRESS	35388 US HWY 19 N	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BYRD, BOBBY	
STREET ADDRESS	ONE SEASIDE LANE., #104	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANTONIS, GEORGE	
STREET ADDRESS	205 BAYVIEW DR.	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTRIOTA, THOMAS	
STREET ADDRESS	35388 US 19 N	
CITY-ST-ZIP	PALM HARBOR FL 34684	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SEE CONTINUATION OF BLKS 11 & 12 ATTACHED

SIGNATURE:

REQUIRE
SPEIGHT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02

Date

727-786-5200

Daytime Phone #

CR2E034 (9/01)

CONTINUATION OF BLOCK 11 - OFFICERS & DIRECTORS

TITLE: EVP
NAME: HENRY O. SPEIGHT
STREET ADDRESS: 34911 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684

Attachment

1181217

TITLE: EVP
NAME: DAVID PAETZOLD
STREET ADDRESS: 35388 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684

TITLE: D
NAME: WAYNE COULTER
STREET ADDRESS: 35388 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684

CONTINUATION OF BLOCK 12 - ADDITION/CHANGES TO OFFICERS/DIRECTORS

ADD OFFICER

TITLE: EVP
NAME: BUDDY YOUNG
STREET ADDRESS: 35388 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684

DELETE OFFICER

TITLE: SVP
NAME: JUDITH GAFFNEY
STREET ADDRESS: 35388 US HWY 19 NORTH
CITY-STATE-ZIP: PALM HARBOR, FL 34684