

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H83808

1. Corporation Name
PENINSULA BANK

Principal Place of Business
3100 SOUTH MCCALL ROAD
ENGLEWOOD FL 34224

Mailing Address
3100 SOUTH MCCALL ROAD
ENGLEWOOD FL 34224

FILED

99 JUN 29 AM 11:26

CLERK OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1985

4. FEI Number

59-2525958

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPC ☐ DELETE

NAME RUBIN, SHARON R
STREET ADDRESS 400-G MISSION TRAIL E
CITY-ST-ZIP VENICE FL 34282

TITLE CPCE ☐ DELETE

NAME PORTNOY, SIMON
STREET ADDRESS 2 DOMINICA DR
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☐ DELETE

NAME COLLOM, PAUL T.
STREET ADDRESS 3320 BOURBON ST.
CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☒ DELETE

NAME SMITH, RONALD A
STREET ADDRESS 1183 HIGHLAND AVE
CITY-ST-ZIP ENGLEWOOD FL

TITLE VCD ☐ DELETE

NAME LORICCO, CARLO J
STREET ADDRESS 3005 CARING WAY
CITY-ST-ZIP PT CHARLOTT FL

TITLE D ☐ DELETE

NAME SERENTILL, LUIS H
STREET ADDRESS 2885 N TAMiami TRAIL
CITY-ST-ZIP PT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Sharon R Rubin VP/CRD 6-4-99 (941) 473-3722

7/6/99 @

CR2E034 (11/98)