

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H83808

1. Entity Name

PENINSULA BANK

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90025 008 ***150.00

Principal Place of Business

3100 SOUTH MCCALL ROAD
ENGLEWOOD FL 34224

Mailing Address

3100 SOUTH MCCALL ROAD
ENGLEWOOD FL 34224-8641

LU041043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2525958**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 VPC
NAME RUBIN, SHARON R
STREET ADDRESS 400 G MISSION TRAIL E
CITY-ST-ZIP VENICE FL 34292
501A Stewart Street Englewood, FL 34224

☐ Delete

TITLE
NAME
STREET ADDRESS 501A Stewart Street
CITY-ST-ZIP Englewood FL 34224

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP/CEO 3-15-00

(941) 474-7134

CR2E034 (9/99)