

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J37899

1. Entity Name

FIRST WESTERN BANK

Principal Place of Business

Mailing Address

5854 SOUTH FLAMINGO ROAD
COOPER CITY FL

5854 SOUTH FLAMINGO ROAD
COOPER CITY FL

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

59-2497326

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, 2001 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 ☐ Delete
NAME DP
STREET ADDRESS MALINOFF, DAVID E
CITY-ST-ZIP 11265 ROUNDELAY ROAD
COOPER CITY FL 33026

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LEGG, ROBERT P.
CITY-ST-ZIP 1800 N. DOUGLAS ROAD
PEMBROKE PINES FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LINTON, DONALD
CITY-ST-ZIP 3000 ABEL ROAD
LAKE PLACID FL 33852

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KAPLAN, EDWARD
CITY-ST-ZIP 3822 N. 41ST AVENUE
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KELLER, RICHARD
CITY-ST-ZIP 2780 S.W. 116 AVENUE
DAVIE FL 33330

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

TITLE ☒ Delete
NAME DC
STREET ADDRESS JOHNSON, JAMES
CITY-ST-ZIP 9760 NW 11TH ST
PLANTATION FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)