

2601 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90111 006 ***150.00

DOCUMENT # J43486

1. Entity Name

MEMBERS TRUST COMPANY

Principal Place of Business

950 W. FLETCHER AVE.

TAMPA FL 33612

US

Mailing Address

950 W. FLETCHER AVE.

TAMPA FL 33612

US

2. Principal Place of Business

950 W. Fletcher Ave.

Suite, Apt. #, etc.

3. Mailing Address

950 W. Fletcher Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33612

Country

USA

Zip

33612

Country

U.S.A.

4. FEI Number

59-2731780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, TOM E
 6801 E. HILLSBOROUGH AVE.
 TAMPA FL 33610**

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

TITLE	D	NAME	DESSY, THOMAS J.	<input type="checkbox"/> Delete
STREET ADDRESS			5009 BELLMONT RD.	
CITY-ST-ZIP			TAMPA FL 33647	
TITLE	VC	NAME	FLYNN PETER	<input type="checkbox"/> Delete
STREET ADDRESS			5202 INTERBAY BLVD	
CITY-ST-ZIP			TAMPA FL 33611	
TITLE	ST	NAME	WATERS, DAVID W., JR.	<input type="checkbox"/> Delete
STREET ADDRESS			12011 N. OREGON	
CITY-ST-ZIP			TAMPA FL 33612	
TITLE	D	NAME	DAWSON, PERRY M.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			707 WESTWOOD DR.	
CITY-ST-ZIP			BRANDON FL	
TITLE	P	NAME	WALKER, TOM E.	<input type="checkbox"/> Delete
STREET ADDRESS			6228 SOARING AVE.	
CITY-ST-ZIP			TAMPA FL	
TITLE	C	NAME	DORETY, TOM R	<input type="checkbox"/> Delete
STREET ADDRESS			5804 AUDUBON MANOR BLVD	
CITY-ST-ZIP			LITHIA FL 33547	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	Michelle G. Crouse	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			314 Sea Island Way	
CITY-ST-ZIP			Tampa, FL 33602	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE	P	NAME	Tom E. Walker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1044 Royal Pass Road	
CITY-ST-ZIP			Tampa, FL 33602	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Tom E. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 813 968-9434

Date

Daytime Phone #

0345773

CR2E034 (10/00)