

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90031 048 ***150.00

DOCUMENT # J45930

1. Entity Name
EQUITABLE BANK

Principal Place of Business
633 S FEDERAL HWY
FT LAUDERDALE FL 33301
US

Mailing Address
633 S FEDERAL HWY
FT LAUDERDALE FL 33301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2718611**

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

H. WILLIAM SPUITE, JR.
633 SOUTH FEDERAL HIGHWAY
FT. LAUDERDALE FL 33301

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **SPUTE JR., H. WILLIAM**
STREET ADDRESS **2040 NE 163RD ST.**
CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JACK MAXWELL**
STREET ADDRESS **2585 MAYFAIR LANE**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **D** ☐ Delete
NAME **EVANS, JAMES D.**
STREET ADDRESS **6520 S.W. 134TH DR**
CITY-ST-ZIP **MIAMI FL**

TITLE **STUART ALLEN** ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **7000 ISLAND BLVD # 402**
CITY-ST-ZIP **AVENUE, FL 33160**

TITLE **D** ☐ Delete
NAME **KLEIN, NORMAN S**
STREET ADDRESS **4000 HOLLYWOOD BLVD. SUITE 620 NORTH**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **ANNE SCHERER** ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **612 SE 5TH AVENUE #6**
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
NAME **SCHWARTZ, STANLEY J**
STREET ADDRESS **11111 BISCAYNE BLVD.**
CITY-ST-ZIP **N. MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **LEADER, JERRY**
STREET ADDRESS **2460 N.E. 201ST ST**
CITY-ST-ZIP **N. MIAMI FL**

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

TITLE **D** ☐ Delete
NAME **MASUR, WAYNE K.**
STREET ADDRESS **1520 N.W. 203 RD ST**
CITY-ST-ZIP **N. MIAMI 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

H. WILLIAM SPUITE, JR.

Date

(954) 524-2265

Daytime Phone #

CR2E034 (9/01)