

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J75264

1. Entity Name

SOUTHERN COMMERCE BANK

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90003 024 ***558.75

Principal Place of Business

5650 BRECKENRIDGE PARK DR
SUITE 110
TAMPA FL 33610
US

Mailing Address

PO BOX 310107
TAMPA FL 33680-0107
US

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

59-2602009

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DC ☐ Delete
NAME WILSON, THOMAS L.
STREET ADDRESS 4600 WEST SUNSET BLVD.
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME BERDAN, THOMAS M.
STREET ADDRESS 11302 LINBANKS PL
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE S ☐ Delete
NAME ROBERTS, ELIZABETH A
STREET ADDRESS 9207 HOLLYRIDGE PL
CITY-ST-ZIP TEMPLE TERRACE FL 33637

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

TITLE D ☒ Delete
NAME MC NICHOL, ROBERT E.
STREET ADDRESS 425 WINDMERE DR APT 2A
CITY-ST-ZIP STATE COLLEGE PA

TITLE D ☐ Change ☒ Addition
NAME John O. Mitchell
STREET ADDRESS 2777 W. Gulf Dr Unit 42B
CITY-ST-ZIP Sanibel, FL 33957

TITLE D ☐ Delete
NAME PROSSON, RAYMOND J.
STREET ADDRESS 11509 CERCA DEL RIO PL.
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE D ☐ Delete
NAME ROSSIN, PETER C., JR.
STREET ADDRESS 1500 HOLLOW TREE DR.
CITY-ST-ZIP PITTSBURG PA

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:

Elizabeth A. Roberts Executive Vice President 7-13-00 813-621-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. Roberts, Exec. VP. Date Daytime Phone #

CR2E034 (5/00)