

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J75264

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: SOUTHERN COMMERCE BANK

Current Principal Place of Business:

5650 BRECKENRIDGE PARK DR
SUITE 110
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 310107
TAMPA, FL 336800107 US

New Mailing Address:

FEI Number: 59-2602009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILSON, THOMAS L
5650 BRECKENRIDGE PARK DRIVE
SUITE 110
TAMPA, FL 33610

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: THOMAS L WILSON

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: WILSON, THOMAS L.,
Address: 4600 WEST SUNSET BLVD.
City-St-Zip: TAMPA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: BERDAN, THOMAS M.,
Address: 3388 OAKMONT TERRACE
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Delete
Name: ROBERTS, ELIZABETH A,
Address: 9207 HOLLYRIDGE PL
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: MITCHELL, JOHN O
Address: 2777 W. GULF DR. UNIT #213
City-St-Zip: SANIBEL, FL 33957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: PROSEN, RAYMOND J.,
Address: 11509 CERCA DEL RIO PL.
City-St-Zip: TEMPLE TERRACE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: ROSSIN, PETER C., JR.,
Address: 1500 HOLLOW TREE DR.
City-St-Zip: PITTSBURG, PA

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A ROBERTS

EVP

04/29/2002

Electronic Signature of Signing Officer or Director

Date