

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90130 029 \*\*\*150.00

**DOCUMENT # J82991**

1. Entity Name

**ENGLEWOOD BANK**

Principal Place of Business

1111 SOUTH MCCALL RD.  
ENGLEWOOD FL 34223

Mailing Address

1111 SOUTH MCCALL RD.  
ENGLEWOOD FL 34223-4229

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2768554**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**80007722**

DO NOT WRITE IN THIS SPACE

**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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DAVIS, A. FEROLD	
STREET ADDRESS	285 STRATFORD RD.	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FLISCHEL, RAYMOND W.	
STREET ADDRESS	7191 CARLSBAD TERRACE.	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MATHERLY, RALPH E.	
STREET ADDRESS	120 ANCHOR ROW, P. O. BOX 129	
CITY-ST-ZIP	PLACIDA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEWMAN, ERNEST J	
STREET ADDRESS	1520 RIVER ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Deceased	
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CARROLL, WILLIAM J	
STREET ADDRESS	1617 JEAN LAFITTE D, P O BOX 1363	
CITY-ST-ZIP	BOCA GRANDE FL 33921-1363	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DOWD, JOHN F	
STREET ADDRESS	1670 COLUMBIA DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:****A. FEROLD DAVIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**A. FEROLD DAVIS, PRESIDENT, CEO & DIRECTOR**

1-10-2000 (941) 475-6771

Date

Daytime Phone #