

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90707 001 \*\*\*450.00

0561471 AV

**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**

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

**59-2768554**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE<br>NAME  | <b>P</b><br><b>DAVIS, A. FEROLD</b>      | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>285 STRATFORD RD.</b>                 |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL</b>                      |                                 |
| TITLE<br>NAME  | <b>D</b><br><b>FLISCHEL, RAYMOND W.</b>  | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>7191 CARLSBAD TERRACE.</b>            |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL</b>                      |                                 |
| TITLE<br>NAME  | <b>D</b><br><b>MATHERLY, RALPH E.</b>    | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>120 ANCHOR ROW, P. O. BOX 129</b>     |                                 |
| CITY-ST-ZIP    | <b>PLACIDA FL</b>                        |                                 |
| TITLE<br>NAME  | <b>D</b><br><b>CARROLL, WILLIAM J</b>    | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>1617 JEAN LAFITTE D, P O BOX 1363</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA GRANDE FL 33921-1363</b>         |                                 |
| TITLE<br>NAME  | <b>D</b><br><b>DOWD, JOHN F</b>          | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>1670 COLUMBIA DR</b>                  |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL 34223</b>                |                                 |
| TITLE<br>NAME  | <b>D</b><br><b>WRIGHT, WILLIAM R</b>     | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>6799 GREENVIEW LANE</b>               |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL 34224</b>                |                                 |

|                |              |   |
|----------------|--------------|---|
| TITLE<br>NAME  | <b>D P</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |              |   |
| CITY-ST-ZIP    | <b>34223</b> |   |
| TITLE<br>NAME  |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |              |   |
| CITY-ST-ZIP    | <b>34224</b> |   |
| TITLE<br>NAME  |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |              |   |
| CITY-ST-ZIP    | <b>33946</b> |   |
| TITLE<br>NAME  |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |              |   |
| CITY-ST-ZIP    |              |   |
| TITLE<br>NAME  |              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |              |   |
| CITY-ST-ZIP    |              |   |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-2003

941-475-6771

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #

58012202  
J82991

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>RICHARD M. YUSK<br>1100 BAYSHORE DRIVE<br>ENGLEWOOD FL 34223<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>ROBERT L. ANDERSON<br>330 PEDRO STREET<br>VENICE FL 34285<br><input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |