

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J83022

1. Entity Name

INTERVEST BANK

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90168 033 ***150.00

Principal Place of Business

Mailing Address

625 COURT STREET
CLEARWATER FL 33756

625 COURT STREET
CLEARWATER FL 33756-5505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2605212**

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

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 ☐ Delete
NAME **P OLSEN, KEITH A**
STREET ADDRESS **625 COURT STREET**
CITY-ST-ZIP **CLEARWATER FL 33756**

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

TITLE ☐ Delete
NAME **D DANSKER, LOWELL S**
STREET ADDRESS **10 ROCKEFELLER PLAZA STE. #1015**
CITY-ST-ZIP **NEW YORK NY 10020**

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

TITLE ☐ Delete
NAME **D BRAGIN, STEPHEN M**
STREET ADDRESS **13 BEL FOREST DR.**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 34640**

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

TITLE ☐ Delete
NAME **D CARROLL, ROBERT J**
STREET ADDRESS **1875 BELCHER RD., N. STE. #201**
CITY-ST-ZIP **CLEARWATER FL 34625**

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

TITLE ☐ Delete
NAME **D MACONI, MARK W**
STREET ADDRESS **31111 U.S. 19 NORTH**
CITY-ST-ZIP **PALM HARBOR FL 34686**

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

TITLE ☐ Delete
NAME **D BERGMAN, LAWRENCE G**
STREET ADDRESS **10 ROCKEFELLER PLAZA, SUITE 1015**
CITY-ST-ZIP **NEW YORK NY**

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:

Charlotte H. Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charlotte H. Grant, CFO

1/24/00
Date

(727) 442-2551 Ext 30.

Daytime Phone #