

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90160 033 ***150.00

DOCUMENT # J83030

1. Entity Name

POINTE BANK

Principal Place of Business

Mailing Address

**21845 POWERLINE ROAD
 BOCA RATON FL 33433**

**21845 POWERLINE ROAD
 BOCA RATON FL 33433-7896
 US**

80004034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0031869

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

**PALMER, CARL R JR
 21845 POWERLINE ROAD
 BOCA RATON FL 33433-7852**

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

RCarl Palmer

4/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PALMER, R. CARL JR 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MASSRY, MORRIS EXEC. PARK N, STUYVESANT ALBANY NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASSIN, ROBERTO 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINN, TIMOTHY 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, STEVEN 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEAD, D. RICHARD J R 21845 POWERLINE ROAD BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carl Palmer

4-28-2000

561-361-1623

CR2E034 (9/99)

#J83030
A0054032

BLOCK 12 - ADDITIONAL DIRECTOR/OFFICER INFORMATION:

TITLE	D	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	PARKER D. THOMSON		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	SV	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	BEVERLY CHAMBERS		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	VT	<input type="checkbox"/> CHANGE	<input type="checkbox"/> ADDITION
NAME	BRADLEY R MEREDITH		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		
TITLE	V	<input type="checkbox"/> CHANGE	<input checked="" type="checkbox"/> ADDITION
NAME	MARK L. PARKER		
STREET ADDRESS	21845 POWERLINE ROAD		
CITY-ST-ZIP	BOCA RATON, FL. 33433		