

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90138 048 \*\*\*150.00

**DOCUMENT # J83030****1. Entity Name**  
**POINTE BANK****Principal Place of Business**  
**21845 POWERLINE ROAD**  
**BOCA RATON FL 33433****Mailing Address**  
**21845 POWERLINE ROAD**  
**BOCA RATON FL 33433**  
**US****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** **65-0031869**Applied For  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****PALMER, CARL R JR**  
**21845 POWERLINE ROAD**  
**BOCA RATON FL 33433-7852****PALMER, R. CARL JR****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****R. Carl Palmer, Jr.****04/29/02**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DVC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS MASSRY
STREET ADDRESS	21845 Powerline Road
CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINN, TIMOTHY
STREET ADDRESS	21845 POWERLINE ROAD
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD, D. RICHARD JR
STREET ADDRESS	21845 POWERLINE ROAD
CITY-ST-ZIP	BOCA RATON FL 33433

**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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/02 (561) 361-1600**

Date

Daytime Phone #

CR2E034 (9/01)

**2002 Uniform Business Report (UBR)**

**Attachment**

Document #

**J83030**

Pointe Bank

*1053053*

**Item 11: Additional Officers and Directors**

Title	D
Name	Thomson, Parker
Street, Address	21845 Powerline Road
City - ST -ZIP	Boca Raton, FL 33433

Title	EVS
Name	Murphy-Engler, Jean
Street, Address	21845 Powerline Road
City - ST -ZIP	Boca Raton, FL 33433

Title	VT
Name	Meredith, Bradley R.
Street, Address	21845 Powerline Road
City - ST -ZIP	Boca Raton, FL 33433