

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # J84825**1. Entity Name
FIFTH THIRD BANK, FLORIDA

Principal Place of Business

4099 TAMiami TRAIL NORTH

NAPLES

34103

FL

US

Mailing Address

P.O. BOX 413021

NAPLES

341013021

FL

US

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

65-0048602

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

7. Name and Address of New Registered Agent

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Name

ROGGE SUSAN M

Street Address (P.O. Box Number is Not Acceptable)

5851 ROLLING PINES DRIVE

City

NAPLES,

FL

Zip Code

34110

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 **SUSAN M. ROGGE**

02/27/2001

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, 2001 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 V ☐ Delete
NAME ROGGE SUSAN M
STREET ADDRESS 12680 CHARTWELL DRIVE
CITY-ST-ZIP FT. MYERS FL 33912TITLE SVP ☒ Change ☐ Addition
NAME ROGGE SUSAN M
STREET ADDRESS 5851 ROLLING PINES DRIVE
CITY-ST-ZIP NAPLES FL 34110TITLE D ☐ Delete
NAME ABBOTT WILLIAM W
STREET ADDRESS 6923 GREENTREE DR
CITY-ST-ZIP NAPLES FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME GUNTER NANCY
STREET ADDRESS 3100 GULF SHORE BLVD N 104
CITY-ST-ZIP NAPLES FLTITLE D ☒ Change ☐ Addition
NAME GUNTER NANCY
STREET ADDRESS 4651 GULF SHORE BLVD N #1406
CITY-ST-ZIP NAPLES FL 34103TITLE D ☐ Delete
NAME NORDBERG MICHAEL C
STREET ADDRESS 362 PINEHURST CIRCLE
CITY-ST-ZIP NAPLES FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME TABOR DUANE J
STREET ADDRESS 437 ROSEMEADE LANE
CITY-ST-ZIP NAPLES FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CEO D ☐ Delete
NAME KVETKO COLLEEN M
STREET ADDRESS FIFTH THIRD BANK, PO BOX 413021
CITY-ST-ZIP NAPLES FLTITLE CEO D ☒ Change ☐ Addition
NAME KVETKO COLLEEN M
STREET ADDRESS FIFTH THIRD BANK, PO BOX 413021
CITY-ST-ZIP NAPLES FL 34101

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: **Susan M. Rogge**

SVP

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)