

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J84825

FILED  
Jan 09, 2002  
Secretary of State

Entity Name: FIFTH THIRD BANK, FLORIDA

## Current Principal Place of Business:

4099 TAMIAMI TRAIL NORTH  
NAPLES, FL 34103 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 413021  
NAPLES, FL 341013021 US

## New Mailing Address:

P.O. BOX 413021  
ATTN MD B99925  
NAPLES, FL 341013021 US

FEI Number: 65-0048602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

ROGGE, SUSAN M  
5851 ROLLING PINES DRIVE  
NAPLES, FL 34110

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

01/09/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: KVETKO, COLLEEN M  
Address: FIFTH THIRD BANK, PO BOX 413021  
City-St-Zip: NAPLES, FL 34101 30

Title: D ( ) Delete  
Name: TABOR, DUANE J  
Address: 437 ROSEMEADE LANE  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: NORDBERG, MICHAEL C  
Address: 362 PINEHURST CIRCLE  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: GUNTER, NANCY  
Address: 4651 GULF SHORE BLVD N #1406  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: ABBOTT, WILLIAM W  
Address: 6923 GREENTREE DR  
City-St-Zip: NAPLES, FL

Title: SVP ( ) Delete  
Name: ROGGE, SUSAN M  
Address: 5851 ROLLING PINES DRIVE  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M ROGGE

SVP

01/09/2002

Electronic Signature of Signing Officer or Director

Date