

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91260

1. Entity Name

FIRST STATE BANK

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90046 034 \*\*\*150.00

Principal Place of Business

Mailing Address

2323 STICKNEY POINT ROAD  
 SARASOTA FL 34231  
 US

2323 STICKNEY POINT ROAD  
 SARASOTA FL 34231-4016  
 US

2. Principal Place of Business

22 SOUTH LINKS AVENUE

3. Mailing Address

22 SOUTH LINKS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-0114339

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

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

~~DARLENE RAPPERS~~ PATRICK L. ARNOLD

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

22 SOUTH LINKS AVENUE

City

SARASOTA

FL

Zip Code

34236

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

*Daniel C. Tucker* SVP

4-24-00

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 DP ☐ Delete  
 NAME ARNOLD, PATRICK  
 STREET ADDRESS 5798 SANDY POINTE DRIVE  
 CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Change ☒ Addition  
 NAME LARMIE SNIDER  
 STREET ADDRESS 8051 N. TANKI ARLI TRAIL  
 CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☒ Delete  
 NAME GWYNN, JOHN  
 STREET ADDRESS 930 SIESTA KEY PL  
 CITY-ST-ZIP SARASOTA FL

TITLE D/C ☐ Change ☒ Addition  
 NAME DAVID L. CODDINGTON  
 STREET ADDRESS 7157 VICTORIA CIRCLE  
 CITY-ST-ZIP UNIVERSITY PARK, FL 34201

TITLE D ☐ Delete  
 NAME SCAGGS, NEAL W  
 STREET ADDRESS 302 CENTRAL AVE  
 CITY-ST-ZIP LOGAN WV

TITLE D ☐ Change ☒ Addition  
 NAME L. TED FRENCH  
 STREET ADDRESS 1750 RINGLING BLVD  
 CITY-ST-ZIP SARASOTA, FL 34236

TITLE D ☒ Delete  
 NAME SHELL, ROBERT L JR  
 STREET ADDRESS 5 NICHOLS DR  
 CITY-ST-ZIP BARBERSVILLE WV

TITLE D ☐ Change ☒ Addition  
 NAME RICK OLSZEWSKI  
 STREET ADDRESS 5515 COUNTRY LAKES TRAIL  
 CITY-ST-ZIP SARASOTA, FL 34243

TITLE DC ☒ Delete  
 NAME SPRIGGS, ALFRED G  
 STREET ADDRESS 264 SARATOGA COURT  
 CITY-ST-ZIP OSPREY FL

TITLE V ☐ Change ☒ Addition  
 NAME JEFF FREEMAN  
 STREET ADDRESS 7515 PRESERVED COURT  
 CITY-ST-ZIP SARASOTA, FL 34243

TITLE VP ☐ Delete  
 NAME FREDERICK, DAVID C  
 STREET ADDRESS 4859 GREYWOOD LANE  
 CITY-ST-ZIP SARASOTA FL

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

*Daniel C. Tucker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

941-921-5510

Daytime Phone #