

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90121 010 \*\*\*150.00

**DOCUMENT # J91260**

1. Entity Name

**FIRST STATE BANK**

Principal Place of Business

**22 SOUTH LINKS AVE.  
 SARASOTA FL 34236  
 US**

Mailing Address

**22 SOUTH LINKS AVE.  
 SARASOTA FL 34236  
 US**

**00052491**



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 **65-0114339**

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

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

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

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

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

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

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

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

TITLE **DA** ☐ Change ☒ Addition  
 NAME **ROBERT H. BEYMER**  
 STREET ADDRESS **214 NORTH BLVD WEST**  
 CITY-ST-ZIP **HUNTINGTON, WV 25701**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **C. TED FRENCH**  
 STREET ADDRESS **SARASOTA, FL 34230**

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

TITLE **V** ☐ Change ☒ Addition  
 NAME **MARY J. MIRTO**  
 STREET ADDRESS **6525 GULF OF MEXICO DR**  
 CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**4/28/01 941-921-5510**