

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**  
03-14-2001 90006 022 \*\*\*150.00

**DOCUMENT # K15031**

1. Entity Name  
**FIDELITY BANK OF FLORIDA**

Principal Place of Business  
**1380 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953**

Mailing Address  
**1380 N COURTENAY PARKWAY  
MERRITT ISLAND FL 32953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3001999**

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

**MICHAEL M. STOREY  
1380 NORTH COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953**

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 \_\_\_\_\_ (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 **D** ☐ Delete  
NAME **STOREY, CAROLYN Y.**  
STREET ADDRESS **1465 QUINCE AVE**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **C** ☒ Change ☐ Addition  
NAME **MICHAEL M. STOREY**  
STREET ADDRESS **4370 STILLWATERS DRIVE**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **D** ☐ Delete  
NAME **DAVIS, JANSON W**  
STREET ADDRESS **150 FORTENBERRY ROAD - VILLA A**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **C** ☒ Change ☐ Addition  
NAME **CAROLYN Y. STOREY**  
STREET ADDRESS **4370 STILLWATERS DRIVE**  
CITY-ST-ZIP **MERRITT ISLAND, FL 32952**

TITLE **D** ☐ Delete  
NAME **STALNAKER M D, JEFFREY C**  
STREET ADDRESS **699 W. COCOA BEACH CAUSEWAY, SUITE 404**  
CITY-ST-ZIP **COCOA BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GARRISON, DONNA F.**  
STREET ADDRESS **2380 COX ROAD**  
CITY-ST-ZIP **COCOA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **STOREY, MICHAEL**  
STREET ADDRESS **1465 QUINCE AVE**  
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Michael M. Storey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 12, 2001 321/452-0011

Date

Daytime Phone #

CR2E034 (10/00)