

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90225 005 ***150.00

DOCUMENT # K28295

1. Entity Name
PINNACLE FINANCIAL CORPORATION



Principal Place of Business

1500 LEE ROAD
200
ORLANDO FL 32810
US

Mailing Address

1500 LEE ROAD
STE. 200
ORLANDO FL 32810
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2898269

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Michael J. Gasdick; Esquire

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

37 N. Orange Avenue, Suite 210

City

Orlando

FL

Zip Code

32801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VRATANINA, JEFFREY J.**
STREET ADDRESS **544 WEKIVA COVE ROAD**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D, CEO** ☐ Delete
NAME **LONG, DOUGLAS F.**
STREET ADDRESS **12540 PARK AVE**
CITY-ST-ZIP **WINDERMERE FL**

TITLE **D** ☐ Delete
NAME **LONG, BRENDA**
STREET ADDRESS **12540 PARK AVE**
CITY-ST-ZIP **WINDERMERE FL**

TITLE **D** ☐ Delete
NAME **VRATANINA, LISA M.**
STREET ADDRESS **544 WEKIVA COVE ROAD**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **PRESIDENT** ☐ Delete
NAME **GIRARD, JAMES M.**
STREET ADDRESS **347 EAGLE CREEK CIRCLE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **SECRETARY** ☐ Delete
NAME **EMERSON-CAMPBELL, KATE**
STREET ADDRESS **7135 Wrenwood Way**
CITY-ST-ZIP **Winter Park, FL 32792**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition
←

☒ Change ☐ Addition
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☒ Change ☐ Addition
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☐ Change ☒ Addition
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12. I hereby certify that the information supplied in 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas F. Long, 2/12/03

CEO

Date

407-578-2000

Daytime Phone #

CR2E034 (10/02)