

DOCUMENT # L20553

1. Entity Name
MERCANTILE BANK

Principal Place of Business
425 - 22ND AVENUE NORTH
ST. PETERSBURG FL 33704-4345

Mailing Address
425 - 22ND AVENUE NORTH
ST. PETERSBURG FL 33704-4345

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2560767

Applied For

Not Applicable

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HARRIS, THOMAS M.	150 2ND AVENUE NO, SUITE 1500	ST. PETERSBURG FL	
D	KONCIUS, ALGIS	5725 DRAGON WAY, SUITE 219	CINCINNATI OH	
D	ORTIZ, LOUIS P.	888 EXEC. CENTER DR. W., SUITE 101	ST. PETERSBURG FL	
D	RISSE, P. N., III	2865 EXECUTIVE CENTER DRIVE	CLEARWATER FL	
DP	CAMPBELL, GORDON W	425 22ND AVE. NO.	ST. PETERSBURG FL	
VTS	MILLER, BARRY K	425 22ND AVENUE NO.	ST. PETERSBURG FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90030 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)