

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90088 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000012874</b>			
1. Entity Name <b>CENTERSTATE BANK OF FLORIDA</b>			
Principal Place of Business <b>1101 FIRST ST SOUTH WINTER HAVEN FL 33880</b>		Mailing Address <b>1101 FIRST ST SOUTH WINTER HAVEN FL 33880</b>	
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 <b>59-3618173</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> 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	<b>FL</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLANCHARD, G ROBERT JR</b> <b>2508 WATROUS</b> <b>TAMPA FL 33629</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Thomas E. Oakley</b> <b>2974 Plantation Drive</b> <b>Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAREFOOT, GEORGE</b> <b>313 HAMILTON SHORE DR NE</b> <b>WINTER HAVEN FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>William C. Reynolds</b> <b>50 Skidmore Road</b> <b>Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONLEY, TERRY W</b> <b>6755 WINTERSET GARDENS RD</b> <b>WINTER HAVEN FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Rodney M. Surrency</b> <b>52 Skidmore Road</b> <b>Winter Haven, FL 33884</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOSTER, FRANK M JR</b> <b>8 BROOK LN</b> <b>LAKELAND FL 33803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>James H. White</b> <b>3 Spencer Shores</b> <b>Haines City, FL 33844</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IRBY, TIMOTHY A</b> <b>1893 ELOISE LOOP RD</b> <b>WINTER HAVEN FL 33884</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ernest S. Pinner</b> <b>54 Pine Forest Drive</b> <b>Haines City, FL 33844</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAXWELL, LAWRENCE W</b> <b>MOUNTAIN LAKE RT 17</b> <b>LAKE WALES FL 33853</b> <input type="checkbox"/> Delete	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:		02/14/02 (863) 291-3900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/01)