

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90381 032 \*\*\*150.00

**DOCUMENT # P00000019753**

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

**Principal Place of Business**

**2412 CORTEZ RD**  
**BRADENTON FL 34207**

**Mailing Address**

**2412 CORTEZ RD**  
**BRADENTON FL 34207**

**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 65-0947261**

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

**CFRA, LLC**

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

**One Harbour Place, 5th Floor**

**777 S. Harbour Island**

City

**Tampa**

**FL**

Zip Code

**33602**

**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.**

**CFRA, LLC**

**SIGNATURE** By: Richard A. Denmon, Esquire  
 Signature, typed or printed name of registered agent and title if applicable.

**Richard A. Denmon, Esquire**

**04/10/02**

(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, 2002 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** **ANDREASEN, ROBERT L**  
**STREET ADDRESS** **4441 BLUE SAGE CT**  
**CITY-ST-ZIP** **BONITA SPRINGS FL 34134**

**TITLE** ☐ Change ☐ Addition  
**NAME** **P; D** ☒ Change ☐ Addition  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **ANTHONY, GERALD L**  
**STREET ADDRESS** **3907 ROYAL PALM CT**  
**CITY-ST-ZIP** **BRADENTON FL 34243**

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

**TITLE** **D** ☐ Delete  
**NAME** **BATSEL, C. GUY**  
**STREET ADDRESS** **16150 SUNSET PINES CIR**  
**CITY-ST-ZIP** **BOCA GRANDE FL 33921**

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

**TITLE** **D** ☒ Delete  
**NAME** **HUDSON, BRUCE**  
**STREET ADDRESS** **8107 DESOTO MEMORIAL HWY**  
**CITY-ST-ZIP** **BRADENTON FL 34209**

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

**TITLE** **D** ☐ Delete  
**NAME** **O'BRIEN, THOMAS M**  
**STREET ADDRESS** **336 S ORCHID DR**  
**CITY-ST-ZIP** **BRADENTON FL 34222**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **Ellenton, FL 34222**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **RUFFINO, MICHAEL T**  
**STREET ADDRESS** **2901 LITTLE COUNTRY RD**  
**CITY-ST-ZIP** **PARRISH FL 34219**

**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:** Diane Minks  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02**

Date

**(941) 345-1433**

Daytime Phone #

CR2E034 (9/01)

Attachment # P00000019753

**Coast Bank of Florida**

**2002 Uniform Business Report (UBR)  
attachment Block 12**

Title: C  
Name: David W. Wilcox  
Street Address: 1301 6<sup>th</sup> Ave. W.  
City - St - Zip: Bradenton, FL 34205

Title: D  
Name: James K. Toomey  
Street Address: 6425 28<sup>th</sup> Ave. E.  
City - St - Zip: Bradenton, FL 34208

Title: D  
Name: Joseph Gigliotti  
Address: 10504 US 41 North  
City - St - Zip: Palmetto, FL 34221

Title: D  
Name: Kennedy Legler  
Address: 2027 Manatee Ave. W.  
City - St - Zip: Bradenton, FL 34205

Title: D  
Name: Jack Reinemeyer  
Address: 2550 26<sup>th</sup> St. W.  
City - St - Zip: Bradenton, FL 34205

Title: S; VP  
Name: Diane Minks  
Address: 3933 Warren St.  
City - St - Zip: Sarasota, FL 34233