## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P00000022909

1. Entity Name

ADVANTAGE BANK



## FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90379 028 \*\*\*150.00

2. Principal Place of Business 3. Mailing Address 5. Suite, Apt. #, etc.	Principal Place of Business 741 US HIGHWAY ONE NORTH PALM BEACH FL 33408  Mailing Address 741 US HIGHWAY NORTH PALM BEACH FL 33408  NORTH PALM B													
City & State  Country	2. Principal P	ing Address ·												
Country   Zip   Country   Sip   Country   S. Certificate of Status Desired   \$8.75 Additional Fea Required	Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
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 diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, hypod or printed name of registered agent and trief applicative.  (NOTE: Registered Agent alignature inequaled when initiating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D  OFF	City & State				City & State				4. FEI Number 65-0955477					
SITREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480  Name  Street Address (P.O. Box Number is Not Acceptable)  City  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and size if applicable.  (NOTE Registered Agent signature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D	Zip		Country	Zip		Count	ry		<b>5.</b> (	Certificate of Status Desired				
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N1 11  TITLE  TUCKER, ALLEN  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TITLE  D		6. Name	and Address of Current	Registere	ed Agent				7. N	Name and Address of New Registe	red Age	nt		
Either Now In the State of Florida. I am familiar with, and accept the obligations of registered agent.  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 and ride if applicable.    SIGNATURE		· · · · · · · · · · · · · · · · · · ·			···		Name							
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:							Street A	ddress (P.0	Э. В	ox Number is Not Acceptable)				
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:														
TILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS  TILE D  TUCKER, ALLEN  STREET ADDRESS  CITY-ST-ZIP  PALM BEACH FL 33480  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL 33065  TITLE  D  Delete  TITLE  D  Coben, Donald A.  11650 Briarwood Cir., #4  Boynton Beach, FL 33437  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL 33065  TITLE  D  Delete  TITLE  D  Change  Addition  NAME  STREET ADDRESS  STREET							City				FL	Zip Coo	de	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D TUCKER, ALLEN STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480  TITLE D Delete TITLE D T Change Addition Delete TITLE D T Change Addition T NAME STREET ADDRESS TREET ADDRESS TR	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													
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE D TUCKER, ALLEN STREET ADDRESS GITY-ST-ZIP PALM BEACH FL 33480  TITLE NAME STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP TITLE D TITLE D TITLE D TITLE NAME STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP TITLE D TITLE D TITLE D TOWN D		Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	I Agent signati	ure required wh	nen rei	sinstating)	ATE			
TITLE D TUCKER, ALLEN STREET ADDRESS 3440 S OCEAN BLVD., 502 S CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP BOCA RATON FL 33065  TITLE D D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33065  TITLE D Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRE	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00													
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33065  TITLE D Change Addition NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	10.		OFFICERS AND	DIRECTO	IRS	11.			AD	DITIONS/CHANGES TO OFFICERS	AND DI	RECTOR	RS IN 11	
STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480  STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480  STREET ADDRESS CITY-ST-ZIP BEBER, ROBERT H T728 QEENFERRY CIR STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33065  CITY-ST-ZIP TITLE  CALDWELL, R MICHAEL STREET ADDRESS	TITLE	D			☐ Delete	TITLE		! -			ХΣ	Change	☐ Addition	
CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Boynton Beach, FL 33437  TITLE D Change Addition  NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33065  TITLE D Change Addition  NAME STREET ADDRESS TITLE D Change Addition  NAME STREET ADDRESS						NAME	i							
TITLE														
NAME STREET ADDRESS CITY-ST-ZIP  D Change Addition NAME STREET ADDRESS CITY-ST-ZIP  NAME CALDWELL, R MICHAEL STREET ADDRESS	CITY-ST-ZIP		CH FL 33480			_		Boynt	cor	n Beach, FL 33437				
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33065 CITY-ST-ZIP TITLE D		_	OPERT II		☐ Delete						L	_ Change	∐ Addition	
CITY-ST-ZIP  BOCA RATON FL 33065  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CHange Addition  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS														
TITLE D														
NAME CALDWELL, R MICHAEL STREET ADDRESS 13085 COASTAL CIR  NAME STREET ADDRESS					M Delete	. TITLE						7 Change	Addition	
STREET ADDRESS 13085 COASTAL CIR STREET ADDRESS			L, R MICHAEL								<del></del>	<del> </del>		
		13085 CO	ASTAL CIR											
	CITY-ST-ZIP	PALM BEA	CH GARDENS FL 3341	0		CITY-	ST-ZIP							
TITLE D Change Addition		_			☐ Delete							] Change	Addition	
NAME COBEN, DONALD A NAME STREET ADDRESS - GOET TERRA MEDE CORCLE. STREET ADDRESS														
STREET ADDRESS 6057 TERPA MERE CIROLE  CITY-ST-ZIP BOYNTON-DEACH FL 63437 CITY-ST-ZIP			AL MICHIGANI INCE.											
		†	DENOIT L'OUTET		☐ Dalata	_						Channe	☐ Addition	
TITLE D Change Addition NAME FRIEDMAN, DAVID A NAME		_	I. DAVID A		in pelete						_	_ 0.101190		
STREET ADDRESS 7069 BRUNSWICK CIRCLE STREET ADDRESS														
CITY-ST-ZIP BOYNTON BEACH FL 33437 , CITY-ST-ZIP				,		CITY-	ST-ZIP							
TITLE D Delete TITLE Change Addition	TITLE	_			☐ Delete	TITLE				<del> </del>		Change	☐ Addition	
NAME JEFFER, HERMAN NAME	NAME													
STREET ADDRESS 19950 BEACH RD APT 8N STREET ADDRESS														
CITY-ST-ZIP JUPITER ISLAND FL 33437		r								119.07(3)(i), Florida Statutes. I furthe		45 -4 11	!=f======!= :	

2. 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 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

561.840.7751