

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # P00000022909**

**1. Entity Name**  
**ADVANTAGE BANK**



**Principal Place of Business**  
**741 US HIGHWAY ONE**  
**NORTH PALM BEACH FL 33408**

**Mailing Address**  
**741 US HIGHWAY ONE**  
**NORTH PALM BEACH FL 33408**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 65-0955477**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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. 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

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	TUCKER, ALLEN	
STREET ADDRESS	3440 S OCEAN BLVD., 502 S	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEER, ROBERT H	
STREET ADDRESS	7228 QUEENFERRY CIR	
CITY-ST-ZIP	BOCA RATON FL 33065	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, R MICHAEL	
STREET ADDRESS	13085 COASTAL CIR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBEN, DONALD A	
STREET ADDRESS	<del>6057 TERRA MERE CIRCLE</del>	
CITY-ST-ZIP	<del>BOYNTON BEACH FL 33437</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, DAVID A	
STREET ADDRESS	7069 BRUNSWICK CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFER, HERMAN	
STREET ADDRESS	19950 BEACH RD APT 8N	
CITY-ST-ZIP	JUPITER ISLAND FL 33437	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coben, Donald A.	
STREET ADDRESS	11650 Briarwood Cir., #4	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003

561-840-7751

Date

Daytime Phone #

CR2E034 (10/02)