

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 09, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000026202**1. Entity Name  
**SUNSHINE STATE COMMUNITY BANK**Principal Place of Business  
4777 CLYDE MORRIS BLVD  
PORT ORANGE FL 32119  
Mailing Address  
4777 CLYDE MORRIS BLVD  
PORT ORANGE FL 321192. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
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

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Name  
**BRINN DENNIS ECEO**  
Street Address (P.O. Box Number is Not Acceptable)  
4777 CLYDE MORRIS BLVD.  
City  
PORT ORANGE FL Zip Code  
32119

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 **DENNIS E. BRINN****02/09/2001**

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PAYTAS JAMES WILLIAM JR	
STREET ADDRESS	809 HIGHPOINT DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOREY ROBERT KIT	
STREET ADDRESS	317 RIO PINAR TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUDGE JONATHAN DAVID	
STREET ADDRESS	1973 SOUTHCREEK BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROUCH ALAN ROLAND	
STREET ADDRESS	3792 EMILIA DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK DOUGLAS ANDREW	
STREET ADDRESS	2430 DODGE DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINN DENNIS EARL	
STREET ADDRESS	3 TOMOKA VIEW DR	
CITY-ST-ZIP	ORMOND BEACH FL	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAYTAS JAMES WJR		
STREET ADDRESS	809 HIGHPOINT DR		
CITY-ST-ZIP	PORT ORANGE FL		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KOREY ROBERT K		
STREET ADDRESS	317 RIO PINAR TRAIL		
CITY-ST-ZIP	ORMOND BEACH FL		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUDGE JONATHAN D		
STREET ADDRESS	1973 SOUTHCREEK BLVD		
CITY-ST-ZIP	DAYTONA BEACH FL		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROUCH ALAN R		
STREET ADDRESS	3792 EMILIA DR		
CITY-ST-ZIP	DAYTONA BEACH FL		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK DOUGLAS A		
STREET ADDRESS	2430 DODGE DR		
CITY-ST-ZIP	DAYTONA BEACH FL		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRINN DENNIS E		
STREET ADDRESS	3 TOMOKA VIEW DR		
CITY-ST-ZIP	ORMOND BEACH FL		

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: **DENNIS E BRINN**

CEO

02/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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**MARK BOWLING / SR LENDING OFFICER**  
**1373 HYDE PARK DR.**

**PORT ORANGE, FL 32124**

**EDMUND J. RODDY / CFO**  
**102 OCEAN TERRACE**

**ORMOND BEACH, FL**

**KENNETH L. STAUDT, DDS / DIRECTOR**  
**6180 SHORE LINE DR.**

**PORT ORANGE, FL**

**EDWARD F. SIMPSON / DIRECTOR**  
**1917 N. HALIFAX DR**

**DAYTONA BEACH, FL**

**GEORGE C SCOTT / CHAIRMAN OF BOARD**  
**3018 S PENINSULA DR**

**DAYTONA BEACH SHORES, FL**