

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90007 002 ***150.00

DOCUMENT # P00000044720

1. Entity Name

THE BANK OF COMMERCE

Principal Place of Business

**783 S ORANGE AVE
 SARASOTA FL 34236**

Mailing Address

**783 S ORANGE AVE
 SARASOTA FL 34236**

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

65-0981700

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

DAVID J. DILLON SUP&CFO

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

**783 S. ORANGE AVE SUITE 210
 THE BANK OF COMMERCE**

City

SARASOTA

FL

Zip Code

34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SUP&CFO DAVID J DILLON

4/19/01

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/C** ☐ Delete
 NAME **BLIN, JAMES L**
 STREET ADDRESS **1374 HARBOR DR**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **M/P** ☐ Change ☒ Addition
 NAME **CHARLES O. MURPHY**
 STREET ADDRESS **4597 CAMINO REAL**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Delete
 NAME **CANNON, JOHN K**
 STREET ADDRESS **8408 MIDNIGHT PASS RD**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Change ☒ Addition
 NAME **DR. P. NATARA JAN**
 STREET ADDRESS **7321 MIDNIGHT PASS ROAD**
 CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **D** ☐ Delete
 NAME **COX, JOHN J**
 STREET ADDRESS **9800 CAMEO FAIRY LANE**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☒ Change ☐ Addition
 NAME **COX, JOHN J.**
 STREET ADDRESS **1600 CAMEO FARM LANE**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☐ Delete
 NAME **KELLER, JAMES T**
 STREET ADDRESS **1439 S LAKESHORE DR**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **✓** ☐ Change ☒ Addition
 NAME **JERRY L SCOTT**
 STREET ADDRESS **6432 BENT OAK DR**
 CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ Delete
 NAME **LAWSON, DONALD M**
 STREET ADDRESS **4405 CHIMNEY CREEK DR**
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **✓** ☒ Change ☐ Addition
 NAME **LAWSON, DONALD M.**
 STREET ADDRESS **3130 DICK WILSON DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **D** ☐ Delete
 NAME **LAYTON, CATHY**
 STREET ADDRESS **1900 LINCOLN DR**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **✓** ☐ Change ☒ Addition
 NAME **DAVID J. DILLON**
 STREET ADDRESS **5920 SHEP'S ISLAND ROAD**
 CITY-ST-ZIP **SARASOTA FL 34241**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. KELLER, DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)