

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

David J. Dillon, SVP & CFO
783 So. Orange Ave Ste 210
Sarasota FL 34236

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	☐ Delete
NAME	BLIN, JAMES L	
STREET ADDRESS	1374 HARBOR DR	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	☐ Delete
NAME	CANNON, JOHN K	
STREET ADDRESS	8408 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D C	☐ Delete
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	D	☐ Delete
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M/P	☐ Change ☒ Addition
NAME	Charles O. Murphy	
STREET ADDRESS	4597 CAMINO REAL	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DC	☒ Change ☐ Addition
NAME	Cox, John J	
STREET ADDRESS	1600 CAMEO FARM LANE	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	☐ Change ☒ Addition
NAME	DR. P. NATARAJAN	
STREET ADDRESS	7821 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	V	☐ Change ☒ Addition
NAME	JERRY L. SCOTT	
STREET ADDRESS	5432 BONT OAK DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VTS	☐ Change ☒ Addition
NAME	David J. Dillon	
STREET ADDRESS	5920 Shops Island Rd	
CITY-ST-ZIP	SARASOTA FL 34241	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. COX 2.17.2004

Date

941-373-0522

Daytime Phone #

+ share as addition in 2004, 2002 + 2001 AUT STATE DID NOT UPDATE