

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091919

1. Entity Name  
PREMIER COMMUNITY BANK OF SOUTHWEST FLORIDA

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90415 001 \*\*\*\*\*8.75  
02-08-2001 90415 002 \*\*\*150.00

Principal Place of Business 1111 HOMESTEAD RD LEHIGH ACRES FL	Mailing Address 1111 HOMESTEAD RD LEHIGH ACRES FL
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1029407	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BAGANS, ROBERT C 6851 ST EDMUNDS LOOP FT MYERS FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D BEALS, CALVIN H 11780 LAKESHIRE CT FT MYERS FL 33913	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D DINGER, PAUL 17751 WILDCAT DR IMMOKALEE FL 34142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D HULL, JAMES D 4070 W PALOMINO DR SW MOORE HAVEN FL 33471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D MURPHY, LAWRENCE J DVM 17770 CYPRESS CREEK RD ALVA FL 33920	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D O'NEIL, BRENDA M 4300 NORTH RD FT MYERS FL 33917	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BRENDA M. O'NEIL 1/30/01 (941) 369-7657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
PRES. JCOO

CR2E034 (10/00)

Attachment  
B5251

P00000091919

D  
Regas, Micki  
904 Lee Blvd., #106  
Lehigh Acres, Florida 33936

D  
Regas, Patricia  
904 Lee Blvd., #106  
Lehigh Acres, Florida 33936

C  
Schwenck, Price  
6850 Central Avenue  
St. Petersburg, Florida 33707

D  
Steans, Harrison  
River Plaza 2 East  
405 North Wabash Avenue  
Chicago, Illinois 60611