

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90126 039 ***158.75

DOCUMENT # P00000091919

1. Entity Name

PREMIER COMMUNITY BANK OF SOUTHWEST FLORIDA

Principal Place of Business

1111 HOMESTEAD RD
 LEHIGH ACRES FL

Mailing Address

1111 HOMESTEAD RD
 LEHIGH ACRES FL

2. Principal Place of Business

4959 S. Cleveland Avenue

3. Mailing Address

4959 S. Cleveland Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, Florida 33907

City & State

Fort Myers, Florida 33907

4. FEI Number

65-1029407

Applied For

Not Applicable

Zip
 33907

Country
 USA

Zip
 33907

Country
 USA

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

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

John W. Hurlbutt JOHN W. HURLBUTT, S.V.P./CFO

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, 2002 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 NAME STREET ADDRESS CITY-STATE-ZIP	D BAGANS, ROBERT C 6851 ST EDMUNDS LOOP FT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BEALS, CALVIN H 11780 LAKESHIRE CT FT MYERS FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DINGER, PAUL 17751 WILDCAT DR IMMOKALEE FL 34142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HULL, JAMES D 4070 W PALOMINO DR SW MOORE HAVEN FL 33471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MURPHY, LAWRENCE J DVM 17770 CYPRESS CREEK RD ALVA FL 33920	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D O'NEIL, BRENDA M 4300 NORTH RD FT MYERS FL 33917	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	C Schwenck, Price 6850 Central Avenue St. Petersburg, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Steans, Harrison 405 North Wabash Avenue Chicago, IL 60611	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Spiro, Christopher 6296 Corporate Ct SW Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Jeffrey Rice 15541 Queensferry Drive Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerers.

SIGNATURE:

Brenda M. O'Neil BRENDA M. O'NEIL, PRES./CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)