

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90066 038 ***158.75

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1. Entity Name
PREMIER COMMUNITY BANK OF SOUTHWEST FLORIDA



Principal Place of Business
4959 S CLEVELAND AVENUE
FORT MYERS FL 33907
US

Mailing Address
4959 S CLEVELAND AVENUE
FORT MYERS FL 33907
US

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 **65-1029407**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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 **BAGANS, ROBERT C**
STREET ADDRESS **6851 ST EDMUNDS LOOP**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **D** ☐ Change ☐ Addition
NAME **Rice, J. Jeffrey**
STREET ADDRESS **15541 Queensferry Drive**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **D** ☐ Delete
NAME **BEALS, CALVIN H**
STREET ADDRESS **11780 LAKESHIRE CT**
CITY-ST-ZIP **FT MYERS FL 33913**

TITLE **D** ☐ Change ☐ Addition
NAME **Spiro, Christopher T.**
STREET ADDRESS **251 SW 37th Terrace**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **D** ☐ Delete
NAME **DINGER, PAUL**
STREET ADDRESS **17751 WILDCAT DR**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **D** ☐ Change ☐ Addition
NAME **Steans, Harrison I.**
STREET ADDRESS **6470 Manasota Key Road**
CITY-ST-ZIP **Englewood, Florida 34223**

TITLE **D** ☐ Delete
NAME **HULL, JAMES D**
STREET ADDRESS **4070 W PALOMINO DR SW**
CITY-ST-ZIP **MOORE HAVEN FL 33471**

TITLE **D** ☐ Change ☐ Addition
NAME **Spiro, Christopher T.**
STREET ADDRESS **251 SW 37th Terrace**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **C** ☐ Delete
NAME **SCHWENCK, PRICE**
STREET ADDRESS **6850 CENTRAL AVENUE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **D** ☐ Change ☐ Addition
NAME **Spiro, Christopher T.**
STREET ADDRESS **251 SW 37th Terrace**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **D** ☐ Delete
NAME **O'NEIL, BRENDA M**
STREET ADDRESS **4300 NORTH RD**
CITY-ST-ZIP **FT MYERS FL 33917**

TITLE **D** ☐ Change ☐ Addition
NAME **Spiro, Christopher T.**
STREET ADDRESS **251 SW 37th Terrace**
CITY-ST-ZIP **Cape Coral, FL 33914**

CR2E034 (10/02)

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:

John W. Hurlbutt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/03 239-938-7481

Daytime Phone #