

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000094663**1. Entity Name
SOUTHERN COMMUNITY BANK OF SOUTHWEST FLORIDA

Principal Place of Business

9021 BONITA BEACH RD, SE

BONITA SPRINGS

FL

Mailing Address

9021 BONITA BEACH RD, SE

BONITA SPRINGS

FL

2. Principal Place of Business

9021 BONITA BEACH RD, SE

3. Mailing Address

9021 BONITA BEACH RD, SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS

FL

City & State

BONITA SPRINGS

FL

Zip

34135

Country

Zip

34133

Country

4. FEI Number

59-3585965

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

0000

Name

JONES ROD

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

20 NORTH ORANGE AVENUE

SUITE 1000

City

ORLANDO

FL

Zip Code

32801

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 **ROD JONES**

05/01/2001

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, 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 ☐ Delete
NAME JENSEN CLARK D
STREET ADDRESS 641 HICKORY RD
CITY-ST-ZIP NAPLES FL 34108TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME GILKEY DENNIS J
STREET ADDRESS 27850 RIVERWALK WAY
CITY-ST-ZIP BONITA SPRINGS FL 34134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME GARNER RICHARD L
STREET ADDRESS 4090 MARSHVIEW CT
CITY-ST-ZIP BONITA SPRINGS FL 34134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME BRINKLEY CHARLID WJR
STREET ADDRESS 537 SPRING CLUB DR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME BERRY GERALD T
STREET ADDRESS 367 RIDGE DR
CITY-ST-ZIP NAPLES FL 34108TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME BARBER FREDERICK THH
STREET ADDRESS 42 9TH ST
CITY-ST-ZIP BONITA SPRINGS FL 34134TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Richard L. Garner**

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)