

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110834

1. Entity Name

FLORIDA GULF BANK

Principal Place of Business

2247 FIRST ST
FT MYERS FL 33901

Mailing Address

2247 FIRST ST
FT MYERS FL 33901

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

65-1062853

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

Name

WILLIAM P. VALENTI

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

2247 FIRST STREET

City

FORT MYERS

FL

Zip Code
33901

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.

WILLIAM P. VALENTI, PRESIDENT & CEO

SIGNATURE

William P. Valenti

(NOTE: Registered Agent signature required when reinstating)

04-27-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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	<input type="checkbox"/> Delete
NAME	BRETT, JAMES A	
STREET ADDRESS	9911 CALOOSA YACHT & RACQUET CLUB DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DWYER, JAMES A	
STREET ADDRESS	15184 FIDDLESTICKS BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRITTS, JOHN D	
STREET ADDRESS	16150 BENTWOOD PALMS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVINA, AMY B	
STREET ADDRESS	1370 GASPARILLA DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACHIZ, STEPHEN	
STREET ADDRESS	5469 BEAUJOLAIS LN	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, MICHAEL W	
STREET ADDRESS	14771 JONATHAN HARBOUR DR	
CITY-ST-ZIP	FT MYERS FL	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRETT, JAY A.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William P. Valenti

4-26-01

Date

941-332-4440

Daytime Phone #

CR2E034 (10/00)

000952

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90025 009 ***150.00



DO NOT WRITE IN THIS SPACE