

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-10-2003 90194 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000021404

1. Entity Name
GULFSTREAM BANCSHARES, INC.



Principal Place of Business
2400 SE MONTEREY ROAD STE 100
STUART FL 34996

Mailing Address
2400 SE MONTEREY ROAD STE 100
STUART FL 34996

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 65-1146886

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

b. Name and Address of Current Registered Agent

TRANter, JOHN E
2400 SE MONTEREY ROAD STE 100
STUART FL 34996

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
JACOBUS, RICHARD
2323 N MAYFAIR RD SUITE 240
WAUWATOSA WI 53226 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Waring III, Lee K.
2400 SE Monterey Rd Ste 100
Stuart, FL 34996 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARMSTRONG, MERRILL
2081 EAST OCEAN BLVD
STUART FL 34996-3376 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
Abramowicz Gary R
4958 SW Lake Grove
Palm City, FL 34990 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLINE, ROBERT
2818 SE DUNE DR #2404
STUART FL 34996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KRAMER, ROBERT
853 SE MONTEREY COMMONS BLVD
STUART FL 34996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PORTER, WILLIAM
6737 SE NORTH MARINA WAY
STUART FL 34996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CIFERRI, MICHAEL
2951 SE DOMINCA TERRACE
STUART FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

8/6/03

772-426-8100

CR2E034 (10/02)