

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90042 047 ***150.00

DOCUMENT # P01000110913

1. Entity Name
SOUTHWEST FLORIDA COMMUNITY BANCORP, INC.



Principal Place of Business
1565 RED CEDAR DR
FT MYERS FL 33907

Mailing Address
1565 RED CEDAR DR
FT MYERS FL 33907



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 65-1154521

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

BLACK "CHIP", EDWARD H
1565 RED CEDAR DR
FT MYERS FL 33907

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	DP	<input type="checkbox"/> Delete
NAME	BLACK "CHIP", EDWARD H	
STREET ADDRESS	1565 RED CEDAR DR	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	HALL, DAVID C	
STREET ADDRESS	1565 RED CEDAR DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, MARK	
STREET ADDRESS	1565 RED CEDAR DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRANCH, WILLIAM	
STREET ADDRESS	1565 RED CEDAR DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	DC	<input type="checkbox"/> Delete
NAME	COURTNEY, JAMES	
STREET ADDRESS	1565 RED CEDAR DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, SUZANNE	
STREET ADDRESS	1565 RED CEDAR DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33907	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Carleton Hall
Treasurer, Secretary

Date

Daytime Phone #

1/6/03 239-934-4100

CR2E034 (10/02)



Attachment

FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 14, 2003

SOUTHWEST FLORIDA COMMUNITY BANCORP, INC.
1565 RED CEDAR DR
FT MYERS, FL 33907

Subject: SOUTHWEST FLORIDA COMMUNITY BANCORP, INC.

Reference Number:

P01000110913

30028954

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

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ANNUAL REPORTS SECTION