

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90059 015 ***150.00

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DOCUMENT # P02000110253

1. Entity Name
SANIBEL CAPTIVA COMMUNITY BANK



Principal Place of Business
**2495 PALM RIDGE ROAD
SANIBEL FL 33957**

Mailing Address
**2495 PALM RIDGE ROAD
SANIBEL FL 33957**



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

03-0426496

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<input checked="" type="checkbox"/>	HALL, DAVID C	1900 VIRGINIA AVENUE., #1101	FORT MYERS FL 33901	<input type="checkbox"/>
<input checked="" type="checkbox"/>	AFFOURTIT, RENE J	5240 INDIAN COURT	SANIBEL FL 33957	<input type="checkbox"/>
<input checked="" type="checkbox"/>	ALBERT, CRAIG L	1201 SANDCASTLE ROAD	SANIBEL FL 33957	<input type="checkbox"/>
<input checked="" type="checkbox"/>	BAILEY, FRANCIS P JR	765 CONCH COURT	SANIBEL FL 33957	<input type="checkbox"/>
<input checked="" type="checkbox"/>	BLACK, EDWARD H	9003 MOCKINGBIRD DRIVE	SANIBEL FL 33957	<input type="checkbox"/>
<input checked="" type="checkbox"/>	FISHER, JOSEPH C	1249 SEAGRAPE LANE	SANIBEL FL 33957	<input type="checkbox"/>

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

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 empower...

SIGNATURE: *David Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 239-999-4100
Date Daytime Phone #

CR2E034 (10/02)