

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90344 041 ***150.00

DOCUMENT # P95000009394

1. Entity Name
STERLING BANCGROUP, INC.



Principal Place of Business
**1189 HYPOLUXO ROAD
LANTANA FL 33462
US**

Mailing Address
**1189 HYPOLUXO ROAD
LANTANA FL 33462
US**



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 **31-1428066**

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

**BEVELIS, GEORGE A
1189 HYPOBUXO ROAD
LANTANA FL 33462**

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 **DVP** ☐ Delete
NAME **JOHNSON, RICHARD O**
STREET ADDRESS **7275 WEST PIKE**
CITY-ST-ZIP **ZANESVILLE OH 43701**

TITLE **D** ☐ Change ☒ Addition
NAME **Clarkson, Peter**
STREET ADDRESS **3030 Scioto Estates Court**
CITY-ST-ZIP **Columbus, OH 43221**

TITLE **CDP** ☐ Delete
NAME **BAVELIS, GEORGE A**
STREET ADDRESS **52 EAST 15TH AVENUE**
CITY-ST-ZIP **COLUMBUS OH 43201**

TITLE **VP** ☐ Change ☒ Addition
NAME **Jason, Robert**
STREET ADDRESS **135 Yacht Club Way#204**
CITY-ST-ZIP **Hypoluxo, FL 33462**

TITLE **DS** ☐ Delete
NAME **MALAS, ERNIE**
STREET ADDRESS **5124 RIVERSIDE DRIVE**
CITY-ST-ZIP **COLUMBUS OH 43220**

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

TITLE **D** ☐ Delete
NAME **VOLDNESS, I.D.**
STREET ADDRESS **215 BALLYSHANNON STREET B502**
CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

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

TITLE **DT** ☐ Delete
NAME **SOLOMON, SANFORD**
STREET ADDRESS **68 SOUTH 4TH STREET**
CITY-ST-ZIP **COLUMBUS OH 43215**

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

TITLE **VP** ☐ Delete
NAME **MICALLEF, MICHAEL A JR**
STREET ADDRESS **1189 HYPOLUXO ROAD**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☐ Change ☐ 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)(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 of George A. Bevelis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

614-989-8222

Daytime Phone #

CR2E034 (10/02)