

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90160 011 \*\*\*150.00

DOCUMENT # P95000026571

1. Entity Name  
FIRST SOUTHERN BANCORP, INC.



Principal Place of Business  
9955 GLADES ROAD  
BOCA RATON FL 33434

Mailing Address  
9955 GLADES ROAD  
BOCA RATON FL 33434

2. Principal Place of Business

7301 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

3. Mailing Address

3050 NORTH FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

LIGHTHOUSE POINT FL

Zip

33433

Country

Zip

33064

Country

4. FEI Number 65-0637642

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

FRITZ, MOYLE R JR  
9955 GLADES ROAD  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

FRITZ, MOYLE R. JR.

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

7301 W. PALMETTO PARK RD.

City

BOCA RATON

FL

Zip Code

33433

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 EVP & CFO

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/03

**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

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | EVP                 | <input checked="" type="checkbox"/> Delete |
| NAME           | WUEST, PAUL R       |  |
| STREET ADDRESS | 9955 GLADES ROAD    |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434 |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | GRIGSBY, JOHN T JR. |  |
| STREET ADDRESS | 9955 GLADES ROAD    |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434 |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | SHERR, BRIAN J      |  |
| STREET ADDRESS | 9955 GLADES ROAD    |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434 |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | TRINGALI, JAMES     |  |
| STREET ADDRESS | 9955 GLADES ROAD    |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434 |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | SPIVACK, EDMUND     |  |
| STREET ADDRESS | 9955 GLADES ROAD    |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434 |  |
| TITLE          | D                   | <input type="checkbox"/> Delete            |
| NAME           | SOBEL, EUGENE J     |  |
| STREET ADDRESS | 9955 GLADES ROAD    |  |
| CITY-ST-ZIP    | BOCA RATON FL 33434 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | EVP                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FRITZ, MOYLE R. JR        |  |
| STREET ADDRESS | 7301 W. PALMETTO PARK RD. |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433       |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GRIGSBY, JOHN T JR.       |  |
| STREET ADDRESS | 7301 W. PALMETTO PARK RD. |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433       |  |
| TITLE          | C                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SHERR, BRIAN J            |  |
| STREET ADDRESS | 7301 W. PALMETTO PARK RD. |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433       |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | TRINGALI, JAMES           |  |
| STREET ADDRESS | 7301 W. PALMETTO PARK RD. |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433       |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SPIVACK, EDMUND           |  |
| STREET ADDRESS | 7301 W. PALMETTO PARK RD. |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433       |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SOBEL, EUGENE             |  |
| STREET ADDRESS | 7301 W. PALMETTO PARK RD. |  |
| CITY-ST-ZIP    | BOCA RATON FL 33433       |  |

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

4/26/03

Date

561-479-2100

Daytime Phone #

CR2E034 (10/02)