

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075183

1. Entity Name

BANK ONE, FLORIDA

Principal Place of Business

1320 VENICE AVENUE
VENICE FL 34292
US

Mailing Address

1320 VENICE AVENUE
VENICE FL 34292-2153
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROBINSON, ALEXANDER C JR
1320 VENICE AVE. E.
VENICE FL 34292

7. Name and Address of New Registered Agent

Name HASKIN, MARK H
Street Address (P.O. Box Number is Not Acceptable)
1320 VENICE AVE. E.
City VENICE FL Zip Code 34292

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.

SIGNATURE *Mark H. Haskin*
Signature typed or printed name of registered agent and title if applicable.

Mark H. Haskin/President

2/4/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing. Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCULLEN, RICHARD J	
STREET ADDRESS	100 E. BROAD STREET	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	ROBINSON, ALEXANDER C JR	
STREET ADDRESS	1320 VENICE AVE. E.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAISER, JERRY L	
STREET ADDRESS	1320 VENCIE AVE. E.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVELLE, FREDERICK H.	
STREET ADDRESS	3399 PGA BLVD - STE 100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, ALEXANDER C JR	
STREET ADDRESS	1111 POLARIS PKWY.	
CITY-ST-ZIP	COLUMBUS OH 43240	
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		
TITLE	PDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASKIN, MARK H	
STREET ADDRESS	1320 VENICE AVE. E.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, JEFFREY M	
STREET ADDRESS	13051 UNIVERSITY DR.	
CITY-ST-ZIP	FORT MYERS FL 33907	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey M. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941/432-5310
Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90055 050 ***158.75



DO NOT WRITE IN THIS SPACE

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2000 Uniform Business Report (UBR)
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Entity Name: Bank One, Florida

Block 12.

Addition: D
Williams, Howard C.
111 East Wisconsin Ave.
Milwaukee, WI 53202