

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-13-2001 90154 001 ***300.00

DOCUMENT # P95000091593

1. Entity Name

PEOPLES BANK

Principal Place of Business

**32845 US HIGHWAY 19
PALM HARBOR FL**

Mailing Address

**32845 US HIGHWAY 19
PALM HARBOR FL**

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 **59-3352277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Dunbar, David W.
32845 U.S. Highway 19
Palm Harbor, FL 34683-3123**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BRANDON, DAVID L**
STREET ADDRESS **557 US ALT. 19**
CITY-ST-ZIP **PALM HARBOR FL 34683**TITLE **D** ☐ Change ☐ Addition
NAME **Nelson, David F.**
STREET ADDRESS **3483 Alt 19**
CITY-ST-ZIP **Palm Harbor, FL 34683**TITLE **D** ☐ Delete
NAME **DUNBAR, DAVID W**
STREET ADDRESS **32845 US 19**
CITY-ST-ZIP **PALM HARBOR FL 34684**TITLE **D** ☐ Change ☐ Addition
NAME **Marks, O. Ken Jr.**
STREET ADDRESS **P O Box 2336**
CITY-ST-ZIP **Clearwater, FL 33757-2336**TITLE **D** ☐ Delete
NAME **FISHER, FREDERICK E**
STREET ADDRESS **1166 LINDENWOOD DR**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE **D** ☐ Change ☐ Addition
NAME **Spence, Robert B.**
STREET ADDRESS **250 N. Belcher Rd. #100**
CITY-ST-ZIP **Clearwater, FL 34625**TITLE **D** ☐ Delete
NAME **KALTENBACH, DONALD F**
STREET ADDRESS **8445 CESSNA DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**TITLE **D** ☐ Change ☐ Addition
NAME **Schmitt, Daniel**
STREET ADDRESS **17935 U S Highway 19**
CITY-ST-ZIP **Hudson, FL 34667**TITLE **D** ☐ Delete
NAME **KEYS, GLEN L**
STREET ADDRESS **1418 CIRCLE DR**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**TITLE **D** ☐ Change ☐ Addition
NAME **LATVALA, WOODROW J**
STREET ADDRESS **109 PHILLIPS WAY**
CITY-ST-ZIP **PALM HARBOR FL 34683**TITLE **D** ☐ Delete
NAME **LATVALA, WOODROW J**
STREET ADDRESS **109 PHILLIPS WAY**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-01

CR2E034 (10/00)