

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067885

1. Entity Name
THE COMMERCIAL BANCORP, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90028 014 ***150.00

Principal Place of Business
**258 N NOVA RD
ORMOND BEACH FL 32174
US**

Mailing Address
**258 N NOVA RD
ORMOND BEACH FL 32174
US**

640314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3396236**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**IGLER & DOUGHERTY, P.A.
1501 PARK AVENUE, EAST
TALLAHASSEE FL 32301**

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 State**

10. 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 **KENT, LARRY**
STREET ADDRESS **840-K DELTONA ROAD**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Change ☒ Addition
NAME **Director Richard R. Dwyer**
STREET ADDRESS **270 Adelaide St.**
CITY-ST-ZIP **De Bary, FL 32713**

TITLE **D** ☒ Delete
NAME **PEACOCK, JAMES**
STREET ADDRESS **1311 TURNBULL STREET, BOX 100**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE **PD** ☐ Delete
NAME **CAMPBELL, GARY G**
STREET ADDRESS **108 OAK LANE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **CFO** ☐ Delete
NAME **HARVEY, BUCKMASTER E**
STREET ADDRESS **2026 JASSAMINE COURT**
CITY-ST-ZIP **DELTONA FL 32738**

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

TITLE **D** ☒ Delete
NAME **BAUER, KIRK**
STREET ADDRESS **223 SOUTH WOODLAND BOULEVARD**
CITY-ST-ZIP **DELAND FL 32721**

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Harvey E. Buckmaster* **Harvey E. Buckmaster, CFO** 4-28-01 (904) 672-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E034 (10/00)