

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084900

1. Entity Name

PREMIER COMMUNITY BANK

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90007 043 \*\*\*550.00

Principal Place of Business

160 POINTE LOOP DR.  
 VENICE FL 34293  
 US

Mailing Address

P O BOX ~~3990~~ 748  
 VENICE FL ~~34293~~ 34284  
 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

65-0656762

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 BALDWIN, JON B  
 STREET ADDRESS 570 GULF BLVD. #10  
 CITY-ST-ZIP BOCA GRANDE FL 33921

TITLE D ☐ Change ☒ Addition  
 NAME Thomas B. Hunter, III  
 STREET ADDRESS 1624 Jean La Fitte  
 CITY-ST-ZIP Boca Grande, FL 33921

TITLE DC ☒ Delete  
 NAME CHERVEN, KENNETH P  
 STREET ADDRESS 7922 IVYWOOD RD  
 CITY-ST-ZIP LARGO FL

TITLE D ☐ Change ☒ Addition  
 NAME George D. Pickhardt  
 STREET ADDRESS 413 Huntridge Drive  
 CITY-ST-ZIP Venice, FL 34292

TITLE D ☐ Delete  
 NAME DIGNAM, DAVID M  
 STREET ADDRESS 1201 S MCCALL RD  
 CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE D ☐ Change ☒ Addition  
 NAME Price W. Schwenck  
 STREET ADDRESS 1320 Pasadena Ave S  
 CITY-ST-ZIP St Petersburg, FL 33707

TITLE DP ☐ Delete  
 NAME KUHLMAN, JAMES F  
 STREET ADDRESS 408 HILLCREST DRIVE NW  
 CITY-ST-ZIP BRADENTON FL 34205

TITLE D ☐ Change ☒ Addition  
 NAME Harrison I. Steans  
 STREET ADDRESS 6470 Manasota Key Road  
 CITY-ST-ZIP Englewood, FL 34223

TITLE D ☐ Delete  
 NAME RILEY, TERRENCE R  
 STREET ADDRESS 344 DOLPHIN SHORES CIR  
 CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE D ☐ Delete  
 NAME SMITH, DOUGLAS W  
 STREET ADDRESS 1444 LEMON BAY DR  
 CITY-ST-ZIP ENGLEWOOD FL 34223

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)