

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91295 003 ***150.00

DOCUMENT # P97000027022

1. Entity Name
OCEANSIDE BANK

Principal Place of Business
1315 SOUTH THIRD STREET
JACKSONVILLE BEACH FL

Mailing Address
1315 SOUTH THIRD STREET
JACKSONVILLE BEACH FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2232148**

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

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

David L. Young **DAVID L. YOUNG EVP/CFO**

4-29-2002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **CERVONE, FRANK J**
STREET ADDRESS **474 JACKSONVILLE DRIVE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

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

TITLE **DPS** ☐ Delete
NAME **CHANDLER, BARRY W**
STREET ADDRESS **1022 SEAWOOD DRIVE**
CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

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

TITLE **D** ☐ Delete
NAME **DUBBERLY, JIMMY D**
STREET ADDRESS **108 GREENWOOD DRIVE**
CITY-ST-ZIP **GLENVILLE GA 30427**

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

TITLE **VT** ☐ Delete
NAME **YOUNG, DAVID L**
STREET ADDRESS **1315 SOUTH THIRD ST**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

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

TITLE **DC** ☒ Delete
NAME **WITHERSPOON, M M**
STREET ADDRESS **1315 S. THIRD ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ Change ☒ Addition
NAME **DONALD F. GLISSON JR**
STREET ADDRESS **4451 CATHEYS CLUB LANE**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **D** ☐ Delete
NAME **WILLIAMS, CONRAD L**
STREET ADDRESS **314 12TH STREET**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

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:

David L. Young **DAVID L. YOUNG EVP/CFO**

4-29-2002

Date

(904) 247-4092
Ext. 125

Daytime Phone #

CR2E034 (9/01)