2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90229 004 ***150.00

DOCUMENT # P97000028897

1. Entity Name

RIVERSIDE GULF COAST BANKING COMPANY

Principal Place of Business	Mailing Address
OKEECHOBEE RD ; PIERCE FL 34950	2211 OKEECHOBEE RD FT PIERCE FL 34950-6552

DO NOT WRITE IN THIS SPACE

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 65-0713029 ☐ 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
BROWN, MATTHEW G 3909 SE 19TH AVE CAPE CORAL FL 33904	Name: TATE, HAROLD M Street Address (P.O. Box Number is Not Acceptable): 17850 PRONGHORN ST City: ALVA FL Zip Code: 33920

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] HAROLD M. TATE 4/28/00
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HENLEBEN, ROBERT A 2211 OKEECHOBEE RD FT PIERCE FL 34954	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GISLER, CHARLES J. JR 2961 BENT PINE DR FT PIERCE FL 34951	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TABOR, ELMER W 1919 SE 35 ST CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C SMITH, VERNON D 3150 N A1A #501N FT PIERCE, FL 34949	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUFFALA, DENNIS C 3534 SE 19TH AVE CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/V Tate, Harold M. 17850 Pronghorn St. Alva, FL 33920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOYLE, DONNA J 1362 MELALEUCA LN FT MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILES, THOMAS H 3532 SE 17TH PLACE CAPE CORAL FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BECKWITH, SAMIRA K 15010 PUNTA RASSA RD #401 FT MYERS FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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] CHARLES J. GISLER JR 4/27/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #