

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90187 043 ***150.00

DOCUMENT # P97000042786

1. Corporation Name

RIVERSIDE BANK OF THE GULF COAST

Principal Place of Business
521 S.E. DEL PRADO BLVD.
CAPE CORAL FL

Mailing Address
521 S.E. DEL PRADO BLVD.
CAPE CORAL FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

65-0794645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, G. MATTHEW
3909 SE 19TH AVE
501-N
CAPE CORAL FL 33904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SMITH, VERNON D
STREET ADDRESS 3150 N. A1A #501N
CITY-ST-ZIP FORT PIERCE FL 34949

1.1 TITLE ROBERT A HENLEBEN (D) ☐ Change ☐ Addition
1.2 NAME 2211 OKEECHOBEE ROAD
1.3 STREET ADDRESS FT PIERCE, FL 34954
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TABOR, ELMER W
STREET ADDRESS 1919 S.E. 35TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GILES, THOMAS H
STREET ADDRESS 3532 S.E. 17TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33904

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DUFFALA, DENNIS C
STREET ADDRESS 3534 S.E. 19TH AVENUE
CITY-ST-ZIP CAPE CORAL FL 33904

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DOYLE, DONNA J
STREET ADDRESS 1362 MELALEUCA LANE
CITY-ST-ZIP FORT MYERS FL 33901

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BROWN, EDGAR A.
STREET ADDRESS 13939 INDRIIO RD
CITY-ST-ZIP FORT PIERCE FL 34945

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/99

4166-1260 EXT 2200

CR2E034 (11/96)