

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042786

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~TATE, HAROLD M~~

17850 PRONGHORN ST  
ALVA FL 33920

7. Name and Address of New Registered Agent

Name  
MORAN, JOHN D

Street Address (P.O. Box Number is Not Acceptable)  
1941 SE 31ST ST

City  
CAPE CORAL

FL

Zip Code  
33904

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

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

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME BECKWITH, SAMIRA  
STREET ADDRESS 17080 HARBOUR POINTE DR #1212  
CITY-ST-ZIP FT MYERS, FL 33908

TITLE D ☐ Change ☒ Addition  
NAME RUSSAKIS, JIM  
STREET ADDRESS 8801 INDRIO RD  
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE V/D ☒ Change ☐ Addition  
NAME TATE, HAROLD M  
STREET ADDRESS 17850 PRONGHORN ST  
CITY-ST-ZIP ALVA, FL 33920

TITLE D ☐ Change ☒ Addition  
NAME CREAMER, EDDIE  
STREET ADDRESS 790 N PONCE DE LEON BLVD  
CITY-ST-ZIP ST AUGUSTINE, FL 32805

TITLE V/D ☐ Change ☒ Addition  
NAME GISLER, CHARLES J JR  
STREET ADDRESS 2810 S FEDERAL HWY  
CITY-ST-ZIP FORT PIERCE, FL 34982

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 #

FILED  
Apr 06, 2001 8:00 am  
Secretary of State

04-06-2001 90030 004 \*\*\*150.00

00032277



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0794645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (10/00)

3-24-01

561-462-4162