

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03/18/03  
N

DOCUMENT # **P97000042786**

1. Entity Name  
**RIVERSIDE BANK OF THE GULF COAST**



APPROVED  
AND  
FILED

03 SEP -9 PM 4:05

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



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 **65-0794645**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORAN, JOHN D.  
1941 SE 31ST ST  
CAPE CORAL FL 33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
NAME **200022883872**  
STREET ADDRESS **09/09/03--01059--013 \*\*550.00**  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **TATE, HAROLD M**  
STREET ADDRESS **17850 PRONGHORN ST**  
CITY-ST-ZIP **ALVA FL 33920**

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

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

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

TITLE **VD** ☒ Delete  
NAME **GISLER, CHARLES J JR**  
STREET ADDRESS **2810 S FEDERAL HWY**  
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE **V** ☐ Change ☒ Addition  
NAME **Randy E. Graber**  
STREET ADDRESS **1910 SW 13th Lane**  
CITY-ST-ZIP **Cape Coral, FL 33991**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten signature]* **Randy E. Graber, VP/CEO** **9/8/03 (239) 513-3763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debiting Phone #

CR2E034 (4/03)