

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90016 016 ***150.00

DOCUMENT # P97000052756

1. Entity Name

BANKING CORPORATION OF FLORIDA

Principal Place of Business

5811 PELICAN BAY BLVD.
 SUITE 209
 NAPLES FL 34108

Mailing Address

5811 PELICAN BAY BLVD.
 SUITE 209
 NAPLES FL 34107-1449

2. Principal Place of Business

8850 Tamiami Trail North

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 771449

Suite, Apt. #, etc.

City & State
 Naples, FL

City & State
 Naples, FL

4. FEI Number **59-3455998**

Applied For
 Not Applicable

Zip Country
 34108 USA

Zip Country
 34107-1449 USA

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

MCCAFFREY, JUDITH E
 5811 PELICAN BAY BOULEVARD
 SUITE 206-A
 NAPLES FL ~~34108~~ **34108**

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 _____ (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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOTZ, JOHN W 5811 PELICAN BAY BLVD, STE 209 NAPLES FL 34108 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD STRANGIS, RALPH 5500 NORWEST CENTER MINNEAPOLIS MN 55402 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, LOWELL C 1750 HENNINGPIN AVE. MINNEAPOLIS MN 55403 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAGNON, CRAIG W 45 SOUTH SEVENTH ST. MINNEAPOLIS MN 55402 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Hoyt, John W. 8850 Tamiami Trail North Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Anderson, Lowell C. 8850 Tamiami Trail North Naples, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Smedley, Robert O. 8850 Tamiami Trail North Naples, FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: John W. Hoyt **REQUIRE** John W. Hoyt Date 1/7/00 Daytime Phone # 941-597-8989



DO NOT WRITE IN THIS SPACE