

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052756

1. Entity Name

BANKING CORPORATION OF FLORIDA

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

01-14-2000 90016 016 ***150.00

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

Zip
34108

Country
USA

Zip
34107-1449

Country
USA

4. FEI Number 59-3455998

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

TITLE PD
NAME HOTZ, JOHN W
STREET ADDRESS 5811 PELICAN BAY BLVD, STE 209
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE SD
NAME STRANGIS, RALPH
STREET ADDRESS 5500 NORWEST CENTER
CITY-ST-ZIP MINNEAPOLIS MN 55402 ☐ Delete

TITLE D
NAME ANDERSON, LOWELL C
STREET ADDRESS 1750 HENNINGPIN AVE.
CITY-ST-ZIP MINNEAPOLIS MN 55403 ☐ Delete

TITLE D
NAME GAGNON, CRAIG W
STREET ADDRESS 45 SOUTH SEVENTH ST.
CITY-ST-ZIP MINNEAPOLIS MN 55402 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Hoyt, John W.
STREET ADDRESS 8850 Tamiami Trail North
CITY-ST-ZIP Naples, FL 34108

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

TITLE D ☒ Change ☐ Addition
NAME Anderson, Lowell C.
STREET ADDRESS 8850 Tamiami Trail North
CITY-ST-ZIP Naples, FL 34108

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

TITLE D ☐ Change ☒ Addition
NAME Smedley, Robert O.
STREET ADDRESS 8850 Tamiami Trail North
CITY-ST-ZIP Naples, FL 34108

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:

John W. Hoyt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00

941-597-8989