

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90097 048 \*\*\*150.00

**DOCUMENT # P97000052756**

1. Entity Name  
**BANKING CORPORATION OF FLORIDA**

Principal Place of Business <b>8850 TAMiami TRAIL NORTH          NAPLES FL 34108</b>	Mailing Address <b>PO BOX 771449          NAPLES FL 34107-1449</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3455998</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCAFFREY, JUDITH E**  
**5811 PELICAN BAY BOULEVARD**  
**SUITE 206-A**  
**NAPLES FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME PD <b>HOYE, JOHN W</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>8850 TAMiami TRAIL NORTH</b>	
CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE NAME SD <b>STRANGIS, RALPH</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5500 NORWEST CENTER</b>	
CITY-ST-ZIP <b>MINNEAPOLIS MN 55402</b>	
TITLE NAME D <b>ANDERSON, LOWELL C</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>8850 TAMiami TRAIL NORTH</b>	
CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE NAME D <b>GAGNON, CRAIG W</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>45 SOUTH SEVENTH ST.</b>	
CITY-ST-ZIP <b>MINNEAPOLIS MN 55402</b>	
TITLE NAME D <b>SMEDLEY, ROBERT O</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>8850 TAMiami TRAIL NORTH</b>	
CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD <b>Hoyt, John W.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8850 Tamiami Trail North</b>	
CITY-ST-ZIP <b>Naples, FL 34108</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 John W. Hoyt Date: 1/24/01 Daytime Phone #: 941-597-8989

CR2E034 (10/00)