2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P97000064864

Entity Name: GULF COAST FINANCIAL CORPORATION

Current Principal Place of Business:

100 SOUTH ASHLEY DRIVE
SUITE #2200
TAMPA, FL 33602 US

New Principal Place of Business:

701 SOUTH HOWARD AVE.
SUITE #203
TAMPA, FL 33606 US

Current Mailing Address:

100 SOUTH ASHLEY DRIVE
SUITE #2200
TAMPA, FL 33602 US

New Mailing Address:

701 SOUTH HOWARD AVE.
SUITE #203
TAMPA, FL 33606 US

FEI Number: 59-3459635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIZE, DARREN S
100 SOUTH ASHLEY DRIVE
SUITE #2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MIZE, DARREN S
701 SOUTH HOWARD AVE.
SUITE #203
TAMPA, FL 33606 US

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: _____ 04/30/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MIZE, STEVE A
Address: 100 S ASHLEY DR, STE #2200
City-St-Zip: TAMPA, FL 33602

Title: VM ( ) Delete
Name: MIZE, DARREN S
Address: 100 S ASHLEY DR, STE #2200
City-St-Zip: TAMPA, FL 33602

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MIZE, STEVE A
Address: 701 SOUTH HOWARD AVE.; SUITE 203
City-St-Zip: TAMPA, FL 33606

Title: VM (X) Change ( ) Addition
Name: MIZE, DARREN S
Address: 701 SOUTH HOWARD AVE.; SUITE 203
City-St-Zip: TAMPA, FL 33606

Title: TS ( ) Change (X) Addition
Name: MICHAEL, KNOX A
Address: 701 SOUTH HOWARD AVE.; SUITE 203
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN S. MIZE VM 04/30/2003
Electronic Signature of Signing Officer or Director — Date