

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90094 031 ***150.00

DOCUMENT # P97000065334

1. Entity Name
FIRST STATE FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

2323 STICKNEY POINT RD.
 SARASOTA FL 34231

2323 STICKNEY POINT RD.
 SARASOTA FL 34231-4016

2. Principal Place of Business

3. Mailing Address

22 SOUTH LINKS AVENUE **22 SOUTH LINKS AVENUE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number **65-0771145**

Applied For
 Not Applicable

Zip
34236

Country
USA

Zip
34236

Country
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

ARNOLD, PATRICK L
2323 STICKNEY POINT RD.
SARASOTA FL 34231

Name
PATRICK L. ARNOLD

Street Address (P.O. Box Number is Not Acceptable)

22 SOUTH LINKS AVENUE

City **SARASOTA** **FL** Zip Code **34236**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **SPRIGGS, ALFRED G**
 STREET ADDRESS **264 SARATOGA COURT**
 CITY-ST-ZIP **OSPREY FL 34229**

TITLE **D** Change Addition
 NAME **DANIEL HARRINGTON**
 STREET ADDRESS **24100 CHAGRIN BLVD SUITE 340**
 CITY-ST-ZIP **BEECHWOOD, OHIO 44122**

TITLE **D** Delete
 NAME **ARNOLD, PATRICK L**
 STREET ADDRESS **5798 SANDY POINTE DR.**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE **V** Change Addition
 NAME **DAVID C. FREDERICK**
 STREET ADDRESS **4859 GREYWOOD LANE**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **D** Delete
 NAME **SHELL, ROBERT L JR.**
 STREET ADDRESS **1140 S. HARBOR DR.**
 CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE **V** Change Addition
 NAME **MARY J. MIRTO**
 STREET ADDRESS **5321 CALLE DE LA SIESTA**
 CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **D** Delete
 NAME **SCAGGS, NEAL W**
 STREET ADDRESS **302 CENTRAL AVE.**
 CITY-ST-ZIP **LOGAN WV 25601**

TITLE **V** Change Addition
 NAME **DARLENE HARRIS**
 STREET ADDRESS **3327 FAUNA STREET**
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **D** Delete
 NAME **WRIGHT, THOMAS W**
 STREET ADDRESS **1517 DIEDERICH ROAD**
 CITY-ST-ZIP **RUSSELL KY 41169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **DAVID C. FREDERICK** Date **4-24-00** Daytime Phone # **941-921-5510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAVID C. FREDERICK**

CR2E034 (9/99)