

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083009

1. Entity Name

THE COMMERCIAL BANK OF VOLUSIA COUNTY

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90068 005 ***150.00

906196



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
258 NORTH NOVA ROAD ORMOND BEACH FL	258 NORTH NOVA ROAD ORMOND BEACH FL 32174-5124

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	59-3451153	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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	D <input type="checkbox"/> Delete
NAME	PEACOCK, JAMES R
STREET ADDRESS	4895 S ATLANTIC AVE
CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	D <input type="checkbox"/> Delete
NAME	KENT, LARRY A
STREET ADDRESS	235 RIVER VILLAGE DR
CITY-ST-ZIP	DEBARY FL 32713
TITLE	PD <input type="checkbox"/> Delete
NAME	CAMPBELL, GARY G
STREET ADDRESS	108 OAK LANE
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	D <input type="checkbox"/> Delete
NAME	HORTON, THOMAS R
STREET ADDRESS	825 PINE TREE COURT
CITY-ST-ZIP	DELAND FL 32174
TITLE	D <input type="checkbox"/> Delete
NAME	SINGLETARY, CLARENCE W
STREET ADDRESS	9 CIRCLE OAKS TRAIL
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

984-672-2003

Daytime Phone #