

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90193 015 ***150.00

0019283 AV

DOCUMENT # P97000083009

1. Entity Name
THE COMMERCIAL BANK OF VOLUSIA COUNTY



Principal Place of Business
**258 NORTH NOVA ROAD
ORMOND BEACH FL**

Mailing Address
**258 NORTH NOVA ROAD
ORMOND BEACH FL**

11015236



2. Principal Place of Business

330 N. Nova Rd
Suite, Apt. #, etc.

3. Mailing Address

330 N. Nova Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

4. FEI Number
59-3451153

Applied For
☐ Not Applicable

Zip
32174

Country

Zip
32174

Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BAUER, KIRK T	
STREET ADDRESS	3355 BLACK BEAR TR.	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	D	<input checked="" 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	BRONSKI, STANLEY S	
STREET ADDRESS	250 WOODLAKE LANE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY E. BUCKMASTER	
STREET ADDRESS	1966 W. HYDE DR	
CITY-ST-ZIP	DELTONA, FL 32738	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL D. CROTTY	
STREET ADDRESS	1800 W.I.S.B. BLDG 2 SUITE 201	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE J. FORNARI	
STREET ADDRESS	3301 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL A. MUNIER	
STREET ADDRESS	45 SHADOWCREEK WAY	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL P. OLIVARI	
STREET ADDRESS	469 DRUID CIR.	
CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM L. OLIVARI	
STREET ADDRESS	8 CREEKVIEW WAY	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN SEIBERT	
STREET ADDRESS	1189 N. HALIFAX DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HARVEY E. BUCKMASTER** 4-23-03 386-252-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)