## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment will

SIGNATURE:

## FILED Feb 05, 2001 8:00 am DOCUMENT # P97000087047 **Secretary of State** KEY WEST BANCGROUP, INC. 02-05-2001 90084 001 \*\*\*150.00 Principal Place of Business Mailing Address 701 WHITEHEAD STREET 701 WHITEHEAD STREET KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0807107 Not Applicable Zip Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent--7. Name and Address of New Registered Agent Name **KEY WEST BANK** Street Address (P.O. Box Number is Not Acceptable) 701 WHITEHEAD ST KEY WEST FL 33040 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE ☐ Change ★★ Addition HOGUE, PHILIP D NAME NAME KEVIN CHESEBORO STREET ADDRESS 1268 OCAAN DR STREET ADDRESS 9675 SWAN LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 GRANITE BAY, CA 95746 Delete ☐ Addition TITLE TITLE Change BROWNING, MICHAEL L NAME NAME STREET ADDRESS 402 APPELROUTH LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP KEY WEST FL 33040 Change Addition ≤ TITLE ---Delete: TITLE FINIGAN, MARK NAME NAME STREET ADDRESS STREET ADDRESS **402 APPELROUTH LANE** CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Addition TITLE ☐ Delete ☐ Change TITLE GREEN, MARVA E NAME NAME STREET ADDRESS STREET ADDRESS 1604 BAHAMA DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS 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 the 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 emphysical to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

01-26-01