

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90009 042 \*\*\*150.00

DOCUMENT # **p97000089093**

1. Entity Name

FLORIDA BANKS, INC. ✓

Principal Place of Business

5210 BELFORT ROAD  
 SUITE 310  
 JACKSONVILLE, FL 32256

Mailing Address

P.O. BOX 551430  
 JACKSONVILLE  
 FL 32255

**00057308**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
 58-2364573

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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 ☐ Delete  
 NAME P D  
 STREET ADDRESS CHARLES E. HUGHES, JR.  
 CITY-ST-ZIP 3690 CATHEDRAL OAKS PLACE N.  
 JACKSONVILLE, FL 32217

TITLE ☐ Delete  
 NAME C  
 STREET ADDRESS M.G. SANCHEZ  
 CITY-ST-ZIP 2200 BAY DRIVE  
 POMPANO BEACH, FL 33062

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS NANCY E. LAFOY  
 CITY-ST-ZIP 5042 VERNON OAKS DRIVE  
 DUNWOODY, GA 30338

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS T. STEPHEN JOHNSON  
 CITY-ST-ZIP 2010 LEADENHALL STREET  
 ALPHARETTA, GA 30022

TITLE ☐ Delete  
 NAME S/T D  
 STREET ADDRESS T. EDWIN STINSON, JR.  
 CITY-ST-ZIP 12964 HUNTLEY MANOR DRIVE  
 JACKSONVILLE, FL 32224

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS CLAY M. BIDDINGER  
 CITY-ST-ZIP 2841 COBBLESTONE DRIVE  
 PALM HARBOR, FL 34684

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS BRUCE CULPEPPER  
 CITY-ST-ZIP 1117 CARRIAGE ROAD  
 TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS J. MALCOLM JONES, JR.  
 CITY-ST-ZIP 3065 FRONT ROAD  
 JACKSONVILLE, FL 32257

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS W. ANDREW KRUSEN, JR.  
 CITY-ST-ZIP 3415 W. MORRISON AVE.  
 TAMPA, FL 33609

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS WILFORD C. LYON, JR.  
 CITY-ST-ZIP 6730 EPPING FOREST WAY N., VILLA 101  
 JACKSONVILLE, FL 32217

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS DAVID MCINTOSH  
 CITY-ST-ZIP 7932 FLAGLER COURT SOUTH  
 WEST PALM BEACH, FL 33405

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:

T. EDWIN STINSON, JR.

May 15, 2000 (904) 332-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)