

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013723

1. Entity Name

COQUINA BANK

FILED

Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90003 001 ***150.00

Principal Place of Business 128 E GRANADA BLVD ORMOND BEACH FL	Mailing Address 128 E GRANADA BLVD ORMOND BEACH FL 32176-6665
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-3486735	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Stefanie A. Crosley	
		Street Address (P.O. Box Number is Not Acceptable) Coquina Bank	
		128 East Granada Boulevard	
		City Ormond Beach, Florida	Zip Code FL 32176

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 Stefanie A. Crosley Chief Financial Officer 2/8/00
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	---	-----------------------------

i. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ADAMS, ROBERT L 600 S ATLANTIC AVE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete	TITLE D NAME Arthur Simpson STREET ADDRESS 175 John Anderson Drive CITY-ST-ZIP Ormond Beach, Florida 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D O'BRIEN, DONALD T JR 128 E GRANADA BLVD ORMOND BEACH FL 32176	<input checked="" type="checkbox"/> Delete	TITLE D NAME Sidney Frazer STREET ADDRESS 170 John Anderson Drive CITY-ST-ZIP Ormond Beach, Florida 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D/EVP BLANFORD, MARK O 27 BULOW WOODS CIRCLE FLAGLER BEACH FL 32136	<input type="checkbox"/> Delete	TITLE D/P NAME Joe P. Epton, Jr. STREET ADDRESS 132 University Circle CITY-ST-ZIP Ormond Beach, Florida 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D BLEDSOE, JAMES R 952 B BIG TREE ROAD SOUTH DAYTONA FL 32119	<input type="checkbox"/> Delete	TITLE D NAME Lee Culler STREET ADDRESS 3 St. Marks Circle CITY-ST-ZIP Ormond Beach, Florida 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D BOLERJACK, DANIEL J 513 RIVERVIEW BLVD DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete	TITLE D NAME Dr. Danny Farmer STREET ADDRESS 110 Riverbluff Drive CITY-ST-ZIP Ormond Beach, Florida, 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D CHANFRAU, WILLIAM M 243 JOHN ANDERSON DR ORMOND BEACH FL 32176	<input type="checkbox"/> Delete	TITLE D NAME Dipak Jobalia STREET ADDRESS 846 Riverside Drive CITY-ST-ZIP Ormond Beach, Florida 32176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 stated 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 so, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stefanie A. Crosley SVP/CFO 2/8/00 (904) 677-6966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #