

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**  
 09-13-2000 90025 030 \*\*\*550.00

**DOCUMENT # P98000014879**

1. Entity Name  
**LANDMARK FINANCIAL HOLDING COMPANY**



**A0077621**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3939 MCINTOSH RD  
 SARASOTA FL 34209**

Mailing Address  
**1999 LINCOLN DR  
 SUITE 100  
 SARASOTA FL 34236-9120**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**3939 McIntosh Road**  
 Suite, Apt. #, etc.

City & State

City & State

Zip  
**34233**

Country

Zip  
**34233**

Country

4. FEI Number **58-2384540**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WARING, LEE K  
 1999 LINCOLN DR  
 SUITE 100  
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3939 McIntosh Road**

City **FL** Zip Code **34233**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR, STANLEY G</b>			NAME	<b>Waring, Lee K.</b>		
STREET ADDRESS	<b>22 PERIMETER CENTER EAST, STE 2219</b>			STREET ADDRESS	<b>3939 McIntosh Road</b>		
CITY-ST-ZIP	<b>ATLANTA GA 30346</b>			CITY-ST-ZIP	<b>Sarasota, FL 34233</b>		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>PEIFER, CHRIS A</b>			NAME	<b>Suplee T. Raymond</b>		
STREET ADDRESS	<b>16308 VILLARREAL</b>			STREET ADDRESS	<b>1742 Seminole Drive</b>		
CITY-ST-ZIP	<b>TAMPA FL 33613</b>			CITY-ST-ZIP	<b>Sarasota, FL 34236</b>		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WILLIS, ISSAC H M.D.</b>			NAME			
STREET ADDRESS	<b>3280 HOWELL MILL RD, STE 342</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ATLANTA GA 30327</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	<b>Dabney, Thomas G</b>		
STREET ADDRESS				STREET ADDRESS	<b>4600 Camino Real</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Sarasota, FL 34231</b>		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	<b>Pennington, Gerald L.</b>		
STREET ADDRESS				STREET ADDRESS	<b>285 Sugar Mill Drive</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Osprey, FL 34229</b>		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	<b>Steele, John M.</b>		
STREET ADDRESS				STREET ADDRESS	<b>1828 Roland Street</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>Sarasota, FL</b>		

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: **Lee K. Waring** 9/11/00 (941)954-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)