

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031225

1. Entity Name

SUNCOAST BANCORP, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90012 026 ***150.00

Principal Place of Business

Mailing Address

5922 CATTLEMEN RD
SUITE 202
SARASOTA FL 34232

5922 CATTLEMEN RD
SUITE 202
SARASOTA FL 34232-6217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34238 U.S.

34238 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0827141

Applied For

Not Applicable

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

STAFFORD, JOHN T
5922 CATTLEMEN RD.
SUITE 202
SARASOTA FL 34232

Name

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

City

FL

Zip Code

34238

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME STAFFORD, JOHN T
STREET ADDRESS 5922 CATTLEMEN ROAD, SUITE 202
CITY-ST-ZIP SARASOTA FL 34232

TITLE D/P ☒ Change ☐ Addition
NAME STAFFORD, JOHN T
STREET ADDRESS 8592 POTTER PARK DRIVE SUITE 200
CITY-ST-ZIP SARASOTA, FL 34238

TITLE VSTD ☐ Delete
NAME GNERRE, WILLIAM F
STREET ADDRESS 511 W LAKE DR
CITY-ST-ZIP SARASOTA FL 34232

TITLE D ☐ Change ☒ Addition
NAME WILLIAMS, STANLEY A
STREET ADDRESS 4808 ALLEGRIE PT. CIR. W.
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D ☐ Delete
NAME BERBERICH, LARRY
STREET ADDRESS 3900 LOSILLIAS DR
CITY-ST-ZIP SARASOTA FL 34238

TITLE D ☐ Change ☒ Addition
NAME YAKRAUS, ROY
STREET ADDRESS 4057 REDBIRD CIRCLE
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D ☐ Delete
NAME BLACK, HENRY DR
STREET ADDRESS 56 BAYHEAD LANE
CITY-ST-ZIP OSPREY FL 34229

TITLE V ☐ Change ☒ Addition
NAME WILKS, JOHN S
STREET ADDRESS 1863 BUCCANEER COURT
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D ☐ Delete
NAME FOXWORTHY, H R
STREET ADDRESS 7200 CHAMELEON WAY
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUTLEDGE, JAMES C
STREET ADDRESS 7500 MIDNIGHT PINES BLVD
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

941-923-0500

Daytime Phone #

CR2E034 (9/99)