## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2002 8:00 am Secretary of State DOCUMENT # P98000031225 1. Entity Name 05-29-2002 93648 035 \*\*\*550.00 SUNCOAST BANCORP, INC. Principal Place of Business Mailing Address 8592 POTTER PARK DR 8592 POTTER PARK DR STE 200 STE 200 SARASOTA FL 34238 SARASOTA FL 34238 us 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 65-0827141 Not Applicable Zip Country Zip 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 STAFFORD, JOHN T Street Address (P.O. Box Number is Not Acceptable) 8592 POTTER PARK DR STE 200 SARASOTA FL 34238 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, 2002 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 ☐ Delete (9/01) TITLE Change Addition STAFFORD, JOHN T NAME STREET ADDRESS CR2E034 8592 POTTER PARK DR STE 200 STREET ADDRESS CITY-ST-7IP SARASOTA FL 34238 CITY-ST-7IP TITLE Delete TITLE Change NAME gnerre, William F NAME STREET ADDRESS 511 W LAKE DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP TITI F Delete\_ TITLE Addition ☐ Change 5132 Highlan NAME BERBERICH, LARRY NAME STREET ADDRESS 3900 LOSILLIAS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34238 TITLE ☐ Defete TITLE Change Addition NAME BLACK, HENRY DR NAME STREET ADDRESS **56 BAYHEAD LANE** STREET ADDRESS CITY-ST-ZIF OSPREY FL 34229 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME foxworthy. H r NAME STREET ADDRESS STREET ADDRESS 7200 CHAMELEON WAY CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34241 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUTLEDGE, JAMES C NAME STREET ADDRESS 7500 MIDNIGHT PINES BLVD STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SARASOTA FL 34242

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR