

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90917 006 \*\*\*150.00

0445989  
AV

**DOCUMENT # P98000050368**

1. Entity Name  
**HILLSBORO BANK**



Principal Place of Business  
509 W ALEXANDER ST  
PLANT CITY FL

Mailing Address  
509 W ALEXANDER ST  
PLANT CITY FL

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip **33563** Country  
Zip **33563** Country

4. FEI Number **59-3491132** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>AZORIN, ANTONIO C</b> <b>6704 PEMBERTON OAKS CT</b> <b>SEFFNER FL 33584</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BOOTHE, GARY L</b> <b>308 W JOHNSON RD</b> <b>PLANT CITY FL 33567</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DANIEL, RONALD D</b> <b>PO BOX 253-5151 SHAKESPEARE DR</b> <b>PLANT CITY FL 33564</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HARKALA, DOROTHY H</b> <b>2704 WEDGEWOOD DR</b> <b>PLANT CITY FL 33567</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MUELLER, WILLIAM A JR</b> <b>1707 W. REYNOLDS ST.</b> <b>PLANT CITY FL 33566</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SMITH, BRYAN M JR</b> <b>P.O. BOX 1283</b> <b>PLANT CITY FL 33564</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PO BOX 253-2205 PRESERVATION DRIVE</b> <b>PLANT CITY, FL 33564</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Ronald D. Daniel* **Ronald D. Daniel-President/CEO 4/2/2003 (813)707-6506**

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

CR2E034 (10/02)

Continuation of Item 11

Attachment#

Title D  
Name Michael S. Sparkman  
Street Address 2106 N. Golfview Dr.  
City-ST-Zip Plant City, Fl. 33567

P98000050368

Title D  
Name Donald K. Stine  
Street Address 2812 John Moore Rd.  
City-ST-Zip Brandon, Fl. 33511

Title D  
Name A. H. Varnum  
Street Address 11930 Walter Hunter Rd.  
City-ST-Zip Lithia, Fl. 33547

Title S  
Name Pamela C. Warnock  
Street Address 4615 Cork Rd.  
City-ST-Zip Plant City, Fl. 33565