

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000058754****1. Entity Name**  
**OLD FLORIDA BANK****FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90049 044 \*\*\*150.00

**Principal Place of Business****6321 DANIELS PARKWAY**  
**FORT MYERS FL 33912****Mailing Address****P.O. BOX 61279**  
**FORT MYERS FL 33906-1279****818007**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** **65-0802103**

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****NICHOLAS J. PANICARO**  
**2924 SW 3RD PLACE**  
**CAPE CORAL, FL 33914**

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.****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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BUNDSCHU, CHARLES C III	5900 ENTERPRISE PKWY	FORT MYERS FL 33905	<input type="checkbox"/>
EVCF	PANICARO, NICHOLAS J	2924 SW 3RD PL	CAPE CORAL FL 33914	<input type="checkbox"/>
D	GALEANA, FRANK	13323 ROSEWOOD LANE	NAPLES FL 34119	<input type="checkbox"/>
D	HURST, ELMO J	27281 IBIS COVE CT	BONITA SPRINGS FL 34134	<input type="checkbox"/>
PCEO	JOHNSON, LARRY W	12611 ALLENDALE CIR	FORT MYERS FL 33912	<input type="checkbox"/>
D	JOHNSON, KARL L	2141 W LAKEVIEW BLVD	N. FORT MYERS FL 33903	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **N.J. PANICARO****2/22/01**  
Date**941-416-5002**  
Daytime Phone #

CR2E034 (10/00)