

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90078 012 \*\*\*550.00

**DOCUMENT # P98000060216**

1. Entity Name

**GRAND BANK & TRUST OF FLORIDA**

Principal Place of Business

**2055 PALM BEACH LAKES BLVD  
 WEST PALM BEACH FL 33409**

Mailing Address

**2055 PALM BEACH LAKES BLVD  
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0902670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, J. RUSSELL  
 2055 PALM BEACH LAKES BLVD  
 WEST PALM BEACH FL 33409**

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

**J. RUSSELL GREENE, PRESIDENT**

**9/9/02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

TITLE	D	NAME	ARSENAULT, GERARD A	<input type="checkbox"/> Delete
STREET ADDRESS			800 N FLAGLER DR	
CITY-ST-ZIP			WEST PALM BEACH FL 33401	
TITLE	D	NAME	BAKER, DAVID H	<input type="checkbox"/> Delete
STREET ADDRESS			321 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP			PALM BEACH FL 33480	
TITLE	D	NAME	COSTELLO, SANDY L	<input type="checkbox"/> Delete
STREET ADDRESS			1280 LANTANA ROAD	
CITY-ST-ZIP			LANTANA FL 33462	
TITLE	D	NAME	CUNNINGHAM, DONALD H	<input type="checkbox"/> Delete
STREET ADDRESS			229 ORANGE TREE DR	
CITY-ST-ZIP			ATLANTIS FL 33462	
TITLE	D	NAME	GREENE, J. RUSSELL	<input type="checkbox"/> Delete
STREET ADDRESS			2055 PALM BEACH LAKES	
CITY-ST-ZIP			WEST PALM BEACH FL 33409	
TITLE	D	NAME	MACHATA, ANDREW R	<input type="checkbox"/> Delete
STREET ADDRESS			1400 WILLOWBROOK ST	
CITY-ST-ZIP			PALM BAY FL 32909	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	NAME	BUBIS, MICHAEL W.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			2366 INLAND COVE WAY	
CITY-ST-ZIP			PALM BEACH GARDENS FL 33410	
TITLE	D	NAME	MOORE, JAMES D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			1547 NO FLORIDA MANGO RD	
CITY-ST-ZIP			WEST PALM BEACH FL 33409	
TITLE	D	NAME	RINKER, LEIGHAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			556 MUIRFIELD DRIVE	
CITY-ST-ZIP			ATLANTIS FL 33462	
TITLE	D	NAME	VANDERWOUDE, JAMES A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			430 NO "G" STREET	
CITY-ST-ZIP			LAKE WORTH FL 33460	
TITLE	D	NAME	WRIGHT, LARRY E.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			11 DEWITT PLACE	
CITY-ST-ZIP			TEQUESTA FL 33469	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				

CR2E034 (4/02)

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 REQUIRED J. RUSSELL GREENE, PRESIDENT**

**9/9/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #