

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066971

1. Entity Name

SOUTHERN COMMUNITY BANK

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90262 040 \*\*\*150.00

Principal Place of Business Mailing Address  
250 N ORANGE AVE 250 N ORANGE AVE  
ORLANDO FL ORLANDO FL 32801-1819

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 59-3492706 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

Name SOUTHERN COMMUNITY BANK

Street Address (P.O. Box Number is Not Acceptable)  
250 N. ORANGE AVE.

City ORLANDO FL Zip Code 32801

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

STEPHEN R. JEUCK  
VICE PRESIDENT & CFO

4/10/00

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 ARMSTRONG, PATRICK J  
STREET ADDRESS 513 SPRING CLUB DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☐ Change ☒ Addition  
NAME NANCY DANIEL-OUTLAW  
STREET ADDRESS 766 N. STATE ROAD 434  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☐ Delete  
NAME DUNN, RICHARD M  
STREET ADDRESS 550 MANOR RD  
CITY-ST-ZIP MAITLAND FL 32751

TITLE D ☐ Change ☒ Addition  
NAME DEREK C. BURKE  
STREET ADDRESS 201 N. MAGNOLIA AVE., #200  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Delete  
NAME HURT, JENNINGS L-III  
STREET ADDRESS 1655 BARCELONA WAY  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Change ☒ Addition  
NAME Stanley H. Sandefur  
STREET ADDRESS 806 E. 25th St.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE D ☐ Delete  
NAME PASCARELLA, EUGENE M  
STREET ADDRESS 1887 WINGFIELD DR  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D/P ☐ Change ☒ Addition  
NAME JOHN E. SQUIRES  
STREET ADDRESS 250 N. ORANGE AVE.  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☒ Delete  
NAME PETERSON, JON C  
STREET ADDRESS 4301 45TH ST SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE D/C ☐ Change ☒ Addition  
NAME CHARLE W. BRINKLEY, JR.  
STREET ADDRESS 250 N. ORANGE AVE.  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D ☐ Delete  
NAME RITENOUR, JOHN K  
STREET ADDRESS 475 LONGMEADOW LANE  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE V/T/S ☐ Change ☒ Addition  
NAME STEPHEN R. JEUCK  
STREET ADDRESS 250 N. ORANGE AVE.  
CITY-ST-ZIP ORLANDO, FL 32801

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  
STEPHEN R. JEUCK, V.P. & CFO

4/10/00 407/648-1844  
Date Daytime Phone #

CR2E034 (9/99)