

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90902 001 ***300.00

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DOCUMENT # P98000066971

1. Entity Name
SOUTHERN COMMUNITY BANK



Principal Place of Business
**250 N ORANGE AVE
ORLANDO FL**

Mailing Address
**250 N ORANGE AVE
ORLANDO FL**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3492706**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

11. 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 **JOEL D. Prunty**
STREET ADDRESS **951 SWEETWATER CIRC BLVD**
CITY-ST-ZIP **LONGWOOD, FL 32779**

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

TITLE **D** ☐ Change ☒ Addition
NAME **SAL A. NUNZIATA**
STREET ADDRESS **1581 Cherry Ridge Dr.**
CITY-ST-ZIP **Heathrow, FL 32746**

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

TITLE **DO** ☐ Change ☒ Addition
NAME **JOHN R. WARREN**
STREET ADDRESS **1809 KALURWA CT**
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **SQUIRES, JOHN G**
STREET ADDRESS **250 N ORANGE AVE**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

STEPHEN R. VEICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **407-646-1544**
Date Daytime Phone #

CR2E034 (10/02)