

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073012

1. Entity Name
PENINSULA BANK OF CENTRAL FLORIDA

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90056 048 ***150.00

Principal Place of Business
1030 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL

Mailing Address
1030 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3534102**

Applied For
Not Applicable

Zip **32114** Country

Zip **32114** 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 **McGee, Stephen B.**
Street Address (P.O. Box Number is Not Acceptable)
1030 W. International Speedway Blvd.
City **Daytona Beach** FL Zip Code **32114**

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]* **Stephen B. McGee** **4-23-01**
(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 **PD DARGAN, THOMAS H** ☐ Delete
STREET ADDRESS **140 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE
NAME **D Anderson, George** ☐ Change ☒ Addition
STREET ADDRESS **3010 S. Peninsula Dr.**
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE
NAME **D KALIN, BYRON S** ☐ Delete
STREET ADDRESS **100 JOHN ANDERSON DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE
NAME **D Doan, Therese** ☐ Change ☒ Addition
STREET ADDRESS **9 S. Wild Olive Ave**
CITY-ST-ZIP **Daytona Beach FL 32118**

TITLE
NAME **SD TUCKER, SUSAN D** ☐ Delete
STREET ADDRESS **733 N HALIFAX DR**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE
NAME **D Levine, Sidney** ☐ Change ☒ Addition
STREET ADDRESS **626 Riverside Dr.**
CITY-ST-ZIP **Ormond Beach FL 32176**

TITLE
NAME **CD FLEUCHAUS, PHILIP T** ☐ Delete
STREET ADDRESS **200 S BEACH ST**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE
NAME **DT McGee, Stephen** ☐ Change ☒ Addition
STREET ADDRESS **68 Cormorant Circle**
CITY-ST-ZIP **Daytona Beach FL 32119**

TITLE
NAME **D EDDY, F. RAYMOND** ☐ Delete
STREET ADDRESS **585 OCEANSHORE BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE
NAME **D Miller, Sanford** ☐ Change ☒ Addition
STREET ADDRESS **125 Basin St, Ste 210**
CITY-ST-ZIP **Daytona Beach FL 32114**

TITLE
NAME **D LINN, J. MICHAEL** ☒ Delete
STREET ADDRESS **657 OCEANSHORE BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE
NAME **D Lydecker, Charles** ☐ Change ☒ Addition
STREET ADDRESS **18 Broadriver Rd**
CITY-ST-ZIP **Ormond Beach FL 32174**

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]* **Thomas H. Dargan** **4-23-01** **386-253-7581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)