

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90185 011 ***150.00

DOCUMENT # P98000073012

1. Entity Name

PENINSULA BANK OF CENTRAL FLORIDA
SOUTHERN COMMUNITY BANK, ATLANTIC

Principal Place of Business

1030 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL

Mailing Address

1030 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL

2. Principal Place of Business

444 Seabreeze Blvd.

Suite, Apt. #, etc.
Suite 100

3. Mailing Address

444 Seabreeze Blvd.

Suite, Apt. #, etc.
Suite 100

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

59-3534102

Applied For

Not Applicable

Zip

32118

Country

USA

Zip

32118

Country

USA

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

Stephen B. McGee

Street Address (P.O. Box Number is Not Acceptable)

444 Seabreeze Blvd., Suite 100

City

Daytona Beach

FL

Zip Code
32118

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.

Stephen B. McGee, CFO/EVP

(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, 2002 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 **PD** ☐ Delete
 NAME **DARGAN, THOMAS H**
 STREET ADDRESS **140 JOHN ANDERSON DR**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

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

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

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

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

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

TITLE **D** ☐ Change ☐ Addition
 NAME **Lydecker, Charles**
 STREET ADDRESS **18 Broad River Road**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

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

TITLE **D** ☐ Change ☐ Addition
 NAME **Miller, Sanford**
 STREET ADDRESS **28 Broad River Rd.**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **DT** ☐ Delete
 NAME **MCGEE, STEPHEN**
 STREET ADDRESS **68 CORMORANT CR**
 CITY-ST-ZIP **DAYTONA BEACH FL 32119**

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 B. McGee, CFO/EVP

Date

Daytime Phone #

CR2E034 (9/01)