

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91333 007 ***150.00

DOCUMENT # P98000073012

1. Entity Name

SOUTHERN COMMUNITY BANK, ATLANTIC



Principal Place of Business

444 SEABREEZE BLVD
SUITE 100
DAYTONA BEACH FL 32118

Mailing Address

444 SEABREEZE BLVD
SUITE 100
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3534102

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

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 ANDERSON, GEORGE
STREET ADDRESS 3010 S PENINSULA DR
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D/CEO ☐ Change ☒ Addition
NAME Thomas H. Dargan
STREET ADDRESS 140 John Anderson Dr.
CITY-ST-ZIP Ormond Beach, FL 32176

TITLE D ☐ Delete
NAME DOAN, THERESE
STREET ADDRESS 9 S WILD OLIVE AVE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☐ Change ☒ Addition
NAME F. Raymond Eddy
STREET ADDRESS 45 Seton Trail
CITY-ST-ZIP Ormond Beach, FL 32176

TITLE D ☐ Delete
NAME LEVINE, SIDNEY
STREET ADDRESS 626 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE C ☐ Change ☒ Addition
NAME Philip T. Fleuchaus
STREET ADDRESS 200 S. Beach St.
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE D ☐ Delete
NAME LYDECKER, CHARLES
STREET ADDRESS 18 BROAD RIVER ROAD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Change ☒ Addition
NAME Byron Kalin
STREET ADDRESS 100 John Anderson Dr.
CITY-ST-ZIP Ormond Beach, FL 32176

TITLE D ☐ Delete
NAME MILLER, SANFORD
STREET ADDRESS 28 BROAD RIVER RD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Change ☒ Addition
NAME Susan Tucker
STREET ADDRESS 733 N. Halifax
CITY-ST-ZIP Ormond Beach, FL 32176

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 386-872-2268

Date

Daytime Phone #

CR2E034 (10/02)