

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077102

1. Entity Name

PEOPLES COMMUNITY BANCSHARES, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90097 017 \*\*\*150.00

Principal Place of Business  
1290 N PALM  
STE 108  
SARASOTA FL 34236

Mailing Address  
1290 N PALM  
STE 108  
SARASOTA FL 34236-5604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1991 Main St

3. Mailing Address  
P O Box 1898

Suite, Apt. #, etc.  
S-108

Suite, Apt. #, etc.

City & State  
Sarasota FL

City & State  
Sarasota FL

4. FEI Number 65-0883406  
Applied For  
Not Applicable

Zip Country  
34236

Zip Country  
34230-1898

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
IGLER DOUGHERTY, P.A.  
1501 PARK AVE. E.  
TALLAHASSEE FL 32301

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.

SIGNATURE \_\_\_\_\_  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCCURRY, NEIL D JR 1651 FLOYD ST. SARASOTA FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIEBAL, STEVE E 7158 CAPTAIN KIDD SARASOTA FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SOPER, CRAIG A 4431 GALWAY DR. SARASOTA FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BEAUCHAMP, BRIAN W 3717 71ST TERR. SARASOTA FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BEAUCHAMP, WILLIAM J JR 7368 PALOMINO TERR. SARASOTA FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Blaikie, Michael B 12001 Backwater Rd Sarasota, FL 34240

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Boesch, Horst 304 Ringling Point Rd Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Metz, John 536 N. Spoonbill Dr Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Skokos, Peter Z 902 Woodview Way Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McDevitt, William J 7508 Weeping Willow Dr Sarasota, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Cox, Joel 264 Rockhill Ct Marco Island, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dean, James L 4872 Waterbridge Down Sarasota, FL 34235

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  
Neil D. McCurry  
Date 1-20-2000 Daytime Phone # 941-365-5934

CR2E034 (9/99)