

DOCUMENT # P98000107008

1. Entity Name

FIRST PEOPLES BANK

Principal Place of Business

1301 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE FL

Mailing Address

1301 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FIRST PEOPLES BANK
1301 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FLORIDA 34952

4. FEI Number 65-0824842

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	AUTIN, JAMES L	
STREET ADDRESS	1700 HILLMOOR DR STE 501	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, JOHN	
STREET ADDRESS	1945 WIRDWARD WAY	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BERGER, GARY A	
STREET ADDRESS	111 ORANGE AVE #300	
CITY-ST-ZIP	FT. PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUOZZO, DONALD J	
STREET ADDRESS	49 FLAGLER AVE STE 302	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECKER, ANN L	
STREET ADDRESS	250 NW COUNTRY CLUB DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRET, PAUL J	
STREET ADDRESS	312 NW BROADVIEW ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schweiger, -Robert L	
STREET ADDRESS	9752 SE Santa Monica Dr	Palm City
CITY-ST-ZIP	FL 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seeley, Robert L.	
STREET ADDRESS	1100 S Federal Hwy	
CITY-ST-ZIP	Stuart Florida 34994	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Skiles, David w	
STREET ADDRESS	1301 SE Port St. Lucie Blvd	
CITY-ST-ZIP	Port St. Lucie FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warner, Thomas E	
STREET ADDRESS	1100 S. Federal Hwy, Stuart Fl	34990
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zinter, Paul A.	
STREET ADDRESS	2014 SE Port St. Lucie Blvd	
CITY-ST-ZIP	Port St. Lucie Florida 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 filings empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David W. Skiles, CEO/President 561-398-1388

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)