## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P9900002454

1. Entity Name

FLORIDA CHOICE BANK



## **FILED** Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90147 001 \*\*\*300.00

Principal Place 18055 US HIGH MOUNT DORA	WAY 441	Mailing Address 18055 US HIGHWAY 441 MOUNT DORA FL 32757									
2. Principal Pla	ace of Business	3. Mailing Address						† 1 <b>20</b>   160   110  361   10  11 00  15	lutti gatis abeni	t til tit dramit ætt	ii ir i
Suite, Apt. #, etc.		Suite, Apt. #, etc.					. ☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State					4. FEIN	Number <b>59-352673</b>	0	<del></del>	lied For Applicable
Zip	Country	Zip		Coun	Country		5. Cert	ificate of Status Desired		3.75 Additi	<del></del>
<del> </del>	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent						
u. Harric and Address of Switch August 19					Name .						
					Street Address (P.O. Box Number is Not Acceptable)						
1											
					City		<u>*</u> -		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 _	2	and title if anni	icable (NOTE	- Registere	d Agent signatu	ire required w	when reinsta	ating)	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  OATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								<ol><li>Election Campaign Trust Fund Contribu</li></ol>			May Be to Fees
10.	OFFICERS AND						ADDIT	TIONS/CHANGES TO O			
TITLE	D		☐ Delete	TITL		IATC	MES	A. CROSON		Change	Addition
NAME STREET ADDRESS	BARTCH, DALE E 11226 LANE RD			NAM STR	EET ADDRESS	13	aa	ELYSIUM E	BLVD		
CITY-ST-ZIP	TAVARES FL 32778			CITY	'-ST-ZIP	M.	T.I	DORA, FL	32151	•	
TITLE	D		Delete =			lD~~		ON OLDHAI		Change	Addition
NAME STREET ADDRESS	Baumann, Jeffrey D 1648 Bridgewater Dr			NAM STR	eet address	41	148	BLAIR AVE			
CITY-ST-ZIP	HEATHROW FL 32746			CITY	/-ST-ZIP	E	សហប	LAND PAR	KELS	4731	
TITLE	D	· <b>-</b> -	☐ Delete	TITL		PRC	sec	ET PORTE	R' '	Change	Addition
NAME	DESAI, PARESH G			NAM STR	AE Eet address	la	03	MARSHALL	JCT.		
STREET ADDRESS CITY-ST-ZIP	507 NW 9TH AVE CRYSTAL RIVER FL 34428				-ST-ZIP	E	UST	ris, FL 3	2726		
TITLE	D		☐ Delete	TITL	.E	DDA	R. F	3RAXTON T	PRICE	Change	Addition
NAME	HOFMEISTER, TOM L			NA/	AE EET ADDRESS	21	712				
STREET ADDRESS CITY-ST-ZIP	955 COUNTRY CLUB RD EUSTIS FL 32726				Y-ST-ZIP	66	24N1	D ISLAND F	13273	5	
TITLE	D		☐ Delete	TIT	.E	DT		ROBERT	20.000	Change	Addition
NAME	LAROE, C. MICHAEL			NAJ			O(C)	140 APIAK	LY ROAL	ι `	
STREET ADDRESS	33940 LEE AVE				EET ADDRESS Y-ST-ZIP	8	3 Rx	· · · · · · · · · · · · · · · · · · ·		(32T	35
CITY-ST-ZIP	LEESBURG FL 34788		☐ Delete	TIT		7		., , ,		Change	Addition
TITLE NAME	D   Laroe, Kenneth e		T) Delete	NAI		۲	_ '	.THOMAS			
STREET ADDRESS	212 VINCENT DR				REET ADDRESS Y-ST-ZIP	$i$	25		NO Por		ANE
CITY-ST-ZIP	MT. DORA FL 32757 certify that the information supplied w	ith this filing	does not qualify fo	w the ev	omotion sto	ted in Ser	ection 119	9.07/3Vi) Elorida Statute	<b>3273</b> 4 es. I further certi	fv that the in	formation
indicated	certify that the information supplied w I on this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	is true and nowered to	execute this report	my sign: t as requ							

SIGNATURE:



D

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David L. Edgar, CPA

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Donald C. Kuehn

Senior Vice President & Senior Lender

Robert L. Porter, MBA

Managing Director

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D RANDALL STRODE 2231 SOUTH TERRACE BLUD LONG WOOD, FL 32179

EXEC. VP & SR. LENDER

DONALD C. KUEHN

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