

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90013 017 ***150.00

DOCUMENT # P99000005493

1. Entity Name

UNITED BANK OF THE GULF COAST

Principal Place of Business

**1400 STATE STREET
 SARASOTA FL 34236**

Mailing Address

**1400 STATE STREET
 SARASOTA FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3533911**

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.

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, 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 **C** ☒ Delete
 NAME **BRIGGS, D B**
 STREET ADDRESS **3565 MISTLETOE LANE**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **P/COO/D** ☐ Change ☒ Addition
 NAME **WADE, JAMES U.**
 STREET ADDRESS **4114 Riverview Blvd.**
 CITY-ST-ZIP **BRADENTON FL. 34209**

TITLE **PCEO** ☒ Delete
 NAME **PAGE, DONALD R**
 STREET ADDRESS **2727 ORCHID OAKS DRIVE, UNIT C**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **V** ☐ Change ☒ Addition
 NAME **BLACKBURN, JAMES V**
 STREET ADDRESS **8082 MERRIMOR BLVD.**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE **V** ☒ Delete
 NAME **DUNHAM, ERIC**
 STREET ADDRESS **4959 SOUTHERN WOOD DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **V** ☐ Change ☒ Addition
 NAME **MCGARRY, JAMES**
 STREET ADDRESS **8705 11th Ave Place NW**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **VCFO** ☒ Delete
 NAME **WILLIAMS, EVELYN J**
 STREET ADDRESS **200 E. MORGAN STREET**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **C/CEO/D** ☐ Change ☒ Addition
 NAME **SAVAGE, Neil**
 STREET ADDRESS **P.O. Box 14517**
 CITY-ST-ZIP **St. Petersburg FL. 33733-4517**

TITLE **S** ☒ Delete
 NAME **KOUGH, LEONA**
 STREET ADDRESS **1131 MILL RUN EAST**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **V/CFOD** ☐ Change ☒ Addition
 NAME **BARDIN, C. Peter**
 STREET ADDRESS **P.O. Box 14517**
 CITY-ST-ZIP **St. Petersburg FL 33733-4517**

TITLE **V** ☐ Delete
 NAME **TORRINGTON, FRED**
 STREET ADDRESS **4259 WORDSWORTH WAY**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **S** ☐ Change ☒ Addition
 NAME **CANNON, Kathleen**
 STREET ADDRESS **8528 54th Ave. Circle East**
 CITY-ST-ZIP **BRADENTON, FL 34211**

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

Date

Daytime Phone #

CR2E034 (9/01)