

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90018 049 ***150.00

DOCUMENT # P99000013384

1. Entity Name

CORNERSTONE COMMUNITY BANK

Principal Place of Business

6518 4TH STREET NORTH
ST. PETERSBURG FL

Mailing Address

6518 4TH STREET NORTH
ST. PETERSBURG FL

2. Principal Place of Business

6300 4th St No

3. Mailing Address

6300 4th St No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St Petersburg FL

Zip

33702

Country

Zip

33702

Country

4. FEI Number

59-3531566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Williamson Diamond & Caton

Street Address (P.O. Box Number is Not Acceptable)

7843 Seminole Blvd

Seminole

City

FL

Zip Code

33772

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.

same registered agent as last year it just didnt print in
box 6 for some reason

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD CARR, ROBERT L 1006 41ST AVENUE NORTH ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMLEY, EDWARD A 1250 MONTICELLO BLVD ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMLEY, ROBERT B 200 26TH AVENUE NORTH ST. PETERSBURG FL 33704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULMER, VICTORIA M 802 LAURIE STREET MARYVILLE TN 37803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUCERA, DEAN E 2270 PINELLAS POINT DR S ST. PETERSBURG FL 33712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SKIPPER, PAUL J 265 46TH AVENUE NORTH ST. PETERSBURG BEACH FL 33707	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Williamson, Douglas M 5614 Maidstone Court Largo FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sullivan, Marie Powell 11625 4th St E Treasure Island, FL 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Smith, Raymond 1851 Bayview Drive Tiera Verde FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	K Ray, David 2228 Riverside Dr Clearwater FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V, S Patterson, Karen L. 4158 9th Ave No St Petersburg FL 33713	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Karen L. Patterson

Date

3/22/01

Daytime Phone #

727-526-5678

CR2E034 (10/00)