

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018165

1. Entity Name

GULFSTREAM BUSINESS BANK

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90184 017 \*\*\*150.00

Principal Place of Business

Mailing Address

2400 SE MONTEREY ROAD  
STUART FL 34996

2400 SE MONTEREY ROAD  
STUART FL 34996-3321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0898666

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

John E. Tranter

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

19 Fieldway Drive

City

Stuart

FL

Zip Code  
34996

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.

John E. Tranter, President & CEO

4/25/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ARMSTRONG, MERRILL H  
STREET ADDRESS 2081 SE OCEAN BLVD.  
CITY-ST-ZIP STUART FL 34996-3376

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

See attached for complete list.

TITLE D  
NAME BRYANT, WILLIAM J  
STREET ADDRESS 204 W OCEAN BLVD  
CITY-ST-ZIP STUART FL 34994

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME CIFERRI, MICHAEL F  
STREET ADDRESS 2951 SE DOMINICA TERR  
CITY-ST-ZIP STUART FL 34997

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME CLINE, ROBERT A JR  
STREET ADDRESS 2818 SE DUNE DR #2404  
CITY-ST-ZIP STUART FL 34996

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME GOLDIN, GENE B  
STREET ADDRESS 701 COLORADO AVE  
CITY-ST-ZIP STUART FL 34995-3239

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME JACOBUS, RICHARD G  
STREET ADDRESS 2323 MAYFAIR ROAD  
CITY-ST-ZIP WAUWATOSA WI 53226

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

John E. Tranter, President & CEO

4/25/00

Date

Daytime Phone #

CR2E034 (9/99)