

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90022 033 \*\*\*550.00

0104768 AV

**DOCUMENT # P99000018165**

1. Entity Name

**GULFSTREAM BUSINESS BANK**

Principal Place of Business

**2400 SE MONTEREY ROAD  
 SUITE 100  
 STUART FL 34996**

Mailing Address

**2400 SE MONTEREY ROAD  
 SUITE 100  
 STUART FL 34996**

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

**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

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** ☐ Delete  
 NAME **ARMSTRONG, MERRILL H**  
 STREET ADDRESS **2081 SE OCEAN BLVD.**  
 CITY-ST-ZIP **STUART FL 34996-3376**

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition  
 NAME **Kramer, Robert S**  
 STREET ADDRESS **11 S Ridgeview Road**  
 CITY-ST-ZIP **Stuart, FL 34996**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Lucido, Thomas P**  
 STREET ADDRESS **322 Georgia Avenue**  
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Porter, William B**  
 STREET ADDRESS **6737 SE North Marina Way**  
 CITY-ST-ZIP **Stuart, FL 34996**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SVP, CFO**

**7/19/01**

**561-781-8129**

Date

Daytime Phone #

CR2E034 (5/01)