

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90168 011 \*\*\*150.00

**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**

☐ CHECK HERE IF MAKING CHANGES

**90027740**



**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)

**2400 SE Monterey Road Ste 100**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☒ Addition  
**NAME** **Waring III, Lee K.**  
**STREET ADDRESS** **2400 SE Monterey Rd Ste 100**  
**CITY-ST-ZIP** **Stuart, FL 34996**

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

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

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

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

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

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

**TITLE** **D** ☐ Delete  
**NAME** **JACOBUS, RICHARD G**  
**STREET ADDRESS** **2323 N MAYFAIR RD STE 240**  
**CITY-ST-ZIP** **WAUWATOSA WI 53226**

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

**TITLE** **D** ☐ Delete  
**NAME** **KRAMER, ROBERT S**  
**STREET ADDRESS** **11 S RIDGEVIEW ROAD**  
**CITY-ST-ZIP** **STUART FL 34996**

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

**12. 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 10 or Block 11 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

**2/6/03**

Date

**772-486-8100**

Daytime Phone #

CR2E034 (10/02)