

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90006 001 \*\*\*300.00

**DOCUMENT # P99000026845**

1. Entity Name

**SOUTHERN COMMUNITY BANCORP**

Principal Place of Business

**250 N. ORANGE AVE.  
 ORLANDO FL**

Mailing Address

**250 N. ORANGE AVE.  
 ORLANDO FL**

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

**59-3619325**

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

**JONES, ROD  
 20 N. ORANGE AVE., STE. 1000  
 ORLANDO FL 32801**

Name

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

**300 S. Orange Ave., Suite 1000**

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, 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 **D** ☐ Delete  
 NAME **ARMSTRONG, PATRICK J**  
 STREET ADDRESS **1101 NORTH LAKE DESTINY DRIVE**  
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **DC** ☐ Delete  
 NAME **BRINKLEY, CHARLIE JR**  
 STREET ADDRESS **250 NORTH ORANGE AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete  
 NAME **DUNN, RICHARD M**  
 STREET ADDRESS **2639 WEST STATE ROAD 434**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **D** ☐ Delete  
 NAME **HURT, JENNINGS L III**  
 STREET ADDRESS **201 EAST PINE STREET, STEE 1500**  
 CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **D** ☐ Delete  
 NAME **PASCARELLA, EUGENE M**  
 STREET ADDRESS **661 E. ALTAMONTE DRIVE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **D** ☐ Delete  
 NAME **PETERSON, JON C**  
 STREET ADDRESS **174 LEE DALE DRIVE**  
 CITY-ST-ZIP **HEATHSVILLE VA 22473**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN R. JEUCK**  
**SECRETARY**

**4/19/01**  
 Date

Daytime Phone #

**407-648-1844**

CR2E034 (10/00)