

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90290 042 ***150.00

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ROD
300 S ORANGE AVE STE 1000
ORLANDO FL 32801

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 \$150.00

After May 1, 2002 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 **DC** ☐ Delete
 NAME **BRINKLEY, CHARLIE JR**
 STREET ADDRESS **250 NORTH ORANGE AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32801**

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

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

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **GEORGE D. ANDERSON**
 STREET ADDRESS **3010 S. Peninsula Drive**
 CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **D** ☐ Change ☒ Addition
 NAME **THOMAS H. DARGAN, JR.**
 STREET ADDRESS **140 John Anderson Drive**
 CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **D** ☐ Change ☒ Addition
 NAME **P.T. FLEUCHAUS**
 STREET ADDRESS **200 S. Beach Street**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE **D** ☐ Change ☒ Addition
 NAME **RICHARD L. GARNER**
 STREET ADDRESS **4090 Marshview Court**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **D** ☐ Change ☒ Addition
 NAME **DENNIS G. GILKEY**
 STREET ADDRESS **27850 Riverwalk Way**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **D** ☐ Change ☒ Addition
 NAME **CLARK D. JENSEN**
 STREET ADDRESS **641 Hickory Road**
 CITY-ST-ZIP **Naples, FL 34108**

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. JELUCK 04/15/02 407-648-1844

Date

Daytime Phone #

CR2E034 (9/01)

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DOCUMENT # **P99000026845**

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781959 *Attachment*

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, PATRICK J 1101 NORTH LAKE DESTINY DRIVE MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANFORD MILLER 28 Broadview Drive Orlando Beach, FL 32174 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRINKLEY, CHARLIE JR 250 NORTH ORANGE AVENUE ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOEL E. WHITTENHALL 800 Hidden Harbour Avenue Naples, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, RICHARD M 2639 WEST STATE ROAD 434 LONGWOOD FL 32779 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURT, JENNINGS L III 201 EAST PINE STREET, STEE 1500 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCARELLA, EUGENE M 661 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, JON C 174 LEE DALE DRIVE HEATHSVILLE VA 22473 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page 1 of 1