

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90077 030 \*\*\*150.00

0455129

**DOCUMENT # P99000028638**

1. Entity Name

**THE JACKSONVILLE BANK**

Principal Place of Business

76 S. LAURA ST.  
 STE 104  
 JACKSONVILLE FL 32202

Mailing Address

P O BOX 40466  
 JACKSONVILLE FL 32203

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 **59-3571314**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

Cheryl L. Whalen EVP/CFO The Jacksonville Bank  
 76 S. Laura Street, Suite 104  
 Jacksonville, Florida 32202

7. Name and Address of New Registered Agent

Name Cheryl L. Whalen EVP/CFO The Jacksonville Bank  
 Street Address (P.O. Box Number is Not Acceptable)  
 76 S. Laura Street Suite 104  
 City Jacksonville FL Zip Code 32202

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

4/30/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, DENNIS M	
STREET ADDRESS	2709 OCEAN DR S	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOTTLIEB, MELVIN	
STREET ADDRESS	3028 FOREST CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32257-5620	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, SCOTT	
STREET ADDRESS	1605 SHEFFIELD PL	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, R C	
STREET ADDRESS	160 PLANTATION CIRCLE S	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, JOHN W	
STREET ADDRESS	511 ANDERWOOD DR	
CITY-ST-ZIP	HERMITAGE PA 16148	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTZ, JOHN R	
STREET ADDRESS	1823 SEMINOLE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	"See attachment"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1650 Sheffield Place	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Cheryl L. Whalen*

Cheryl L. Whalen EVP/CFO

4/30/01 904-421-3040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

B0054221

2001 UNIFORM BUSINESS REPORT (UBR)  
ATTACHMENT DOCUMENT # P99000028638  
JACKSONVILLE BANK

OFFICERS AND DIRECTORS

TITLE D  
NAME Healey, James M.  
STREET ADDRESS 2507 South Ocean Drive  
CITY-ST-ZIP Jacksonville Beach, Florida 32250-5942

TITLE D  
NAME Kowkabany, John C.  
STREET ADDRESS 110 Palm Place  
CITY-ST-ZIP Neptune Beach, Florida 32266

TITLE D  
NAME Kraft, Rudolph A.  
STREET ADDRESS 1355 Moss Creek Drive  
CITY-ST-ZIP Jacksonville, Florida 32225

TITLE D/P  
NAME Pomar III, Gilbert J.  
STREET ADDRESS 4957 Ortega Blvd.  
CITY-ST-ZIP Jacksonville, Florida 32210

TITLE D  
NAME Roller, Donald E.  
STREET ADDRESS 1421 Ponte Vedra Blvd.  
CITY-ST-ZIP Ponte Vedra Beach, Florida 32082

TITLE D/C  
NAME Schwenck, Price W.  
STREET ADDRESS 8410 Kim Road  
CITY-ST-ZIP Jacksonville, Florida 32217

TITLE D  
NAME Spencer, Charles F.  
STREET ADDRESS 590 Queens Harbor Blvd.  
CITY-ST-ZIP Jacksonville, Florida 32225

TITLE D  
NAME Tavar, Bennett A.  
STREET ADDRESS 2863 Evercharm Place  
CITY-ST-ZIP Jacksonville, Florida 32257

TITLE V/S/T  
NAME Whalen, Cheryl L.  
STREET ADDRESS 407 Arthur Moore Drive  
CITY-ST-ZIP Green Cove Springs, Florida 32043

TITLE D  
NAME Winfield M.D., Gary L.  
STREET ADDRESS 630 Jacksonville Drive  
CITY-ST-ZIP Jacksonville Beach, Florida 32250