### **2000 UNIFORM BUSINESS REPORT (UBR)**

#### FILED DOCUMENT # P9900036177 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** HERITAGE BANK OF FLORIDA 03-03-2000 90025 020 \*\*\*150.00 Principal Place of Business Mailing Address 25206 STATE ROAD 54 25206 STATE ROAD 54 LUTZ FL 33549-6958 LUTZ FL C0024281 3. Mailing Address 2. Principal Place of Business 23000 State Road 54 23000 State Road 54 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Lutz, Florida Lutz, Florida City & State City & State 4. FEI Number Applied For 59-3578825 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33549 USA 33549 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D/P Addition TITLE ☐ Delete TITLE ADAMS, RICHARD E NAME NAME STREET ADDRESS STREET ADDRESS 3615 LITTLE ROAD CITY-ST-ZIP CITY-ST-ZIP LUTZ FL 33549 C/D X Change ☐ Addition ☐ Delete TITLE TITLE ADCOCK, JOHN L NAME NAME 16104 SONSOLES DE AVILA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33613** ☐ Delete Change Addition TITE F TITLE CLARK, BYRON E NAME NAME STREET ADDRESS STREET ADDRESS 4242 GOLF CLUB LN CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33624** D/S X Change ☐ Addition ☐ Delete TITLE TITLE CLARKE, ROBERT M NAME NAME STREET ADDRESS STREET ADDRESS 6304 RUNNING RIVER PL CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL 33617 ☐ Change ☐ Addition D Delete TITI F NAME ILLAS, JUAN NAME 13618 LYTTON WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP C!TY-ST-ZIP **TAMPA FL 33624** Change ☐ Addition ☐ Delete TITLE TITLE MARTINEZ, NELSON JR NAME NAME STREET ADDRESS 3904 FLOYD ROAD STREET ADDRESS CITY-ST-7IP TAMPA FL 33624 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 of trustee 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 of trustee and 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 an other like empowered:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00 813-969-86

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#### **Document # P99000036177**

Heritage Bank of Florida 23000 State Road 54 Lutz, Florida 33549

# LISTING OF ADDITIONAL OFFICERS AND DIRECTORS

TITLE:

Armando O. Roche NAME:

13120 Fort King Highway STREET ADDRESS:

Thonotosassa, Florida 33592 CITY-ST-ZIP:

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D TITLE:

Joseph A. Spicola NAME: 11708 Casey Road STREET ADDRESS:

Tampa, Florida 33624 CITY-ST-ZIP:

TITLE:

Donna G. Flowers NAME:

STREET ADDRESS: 8703 River Forest Circle

Tampa, Florida 33604 CITY-ST-ZIP:

TITLE:

John C. Archer NAME:

13125 Titleist Drive STREET ADDRESS:

Hudson, Florida 34669 CITY-ST-ZIP: