

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000036177

FILED  
Jan 07, 2003  
Secretary of State

Entity Name: HERITAGE BANK OF FLORIDA

## Current Principal Place of Business:

23000 STATE ROAD 54  
LUTZ, FL 33549

## New Principal Place of Business:

## Current Mailing Address:

23000 STATE ROAD 54  
LUTZ, FL 33549

## New Mailing Address:

FEI Number: 59-3578825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

FLOWERS, DONNA G EVP  
23000 STATE ROAD 54  
LUTZ, FL 33549

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: DONNA G FLOWERS

01/07/2003

Electronic Signature of Registered Agent

Date

## Election Campaign Financing Trust Fund Contribution ( )

### OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ADAMS, RICHARD E  
Address: 3615 LITTLE ROAD  
City-St-Zip: LUTZ, FL 33549

Title: CD ( ) Delete  
Name: ADCOCK, JOHN L  
Address: 16104 SONSOLES DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D ( ) Delete  
Name: CLARK, BYRON E  
Address: 4242 GOLF CLUB LN  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: MARTINEZ, NELSON JR  
Address: 3904 FLOYD ROAD  
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete  
Name: KEMP, JEFFERY  
Address: 10405 RECLINATA LANE  
City-St-Zip: TAMPA, FL 33618

Title: V ( ) Delete  
Name: SIMMONS, ASTON M  
Address: 11004 SAILBROOKE DR.  
City-St-Zip: RIVERVIEW, FL 33569

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: ADAMS, RICHARD E  
Address: 3227 BANYAN HILL DRIVE  
City-St-Zip: LAND O'LAKES, FL 34639

Title: CD (X) Change ( ) Addition  
Name: HOBBY, H CLYDE  
Address: 6190 SEASIDE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition  
Name: CLARK, BYRON E  
Address: 19212 SEA MIST LANE  
City-St-Zip: LUTZ, FL 33558

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASTON M SIMMONS

V

01/07/2003

Electronic Signature of Signing Officer or Director

Date

J ROY BROOKS, DIRECTOR  
18975 CROOKED LANE  
LUTZ, FL 33549

DONNA G FLOWERS, VICE PRESIDENT  
8703 RIVER FOREST CIRCLE  
TAMPA, FL 33604